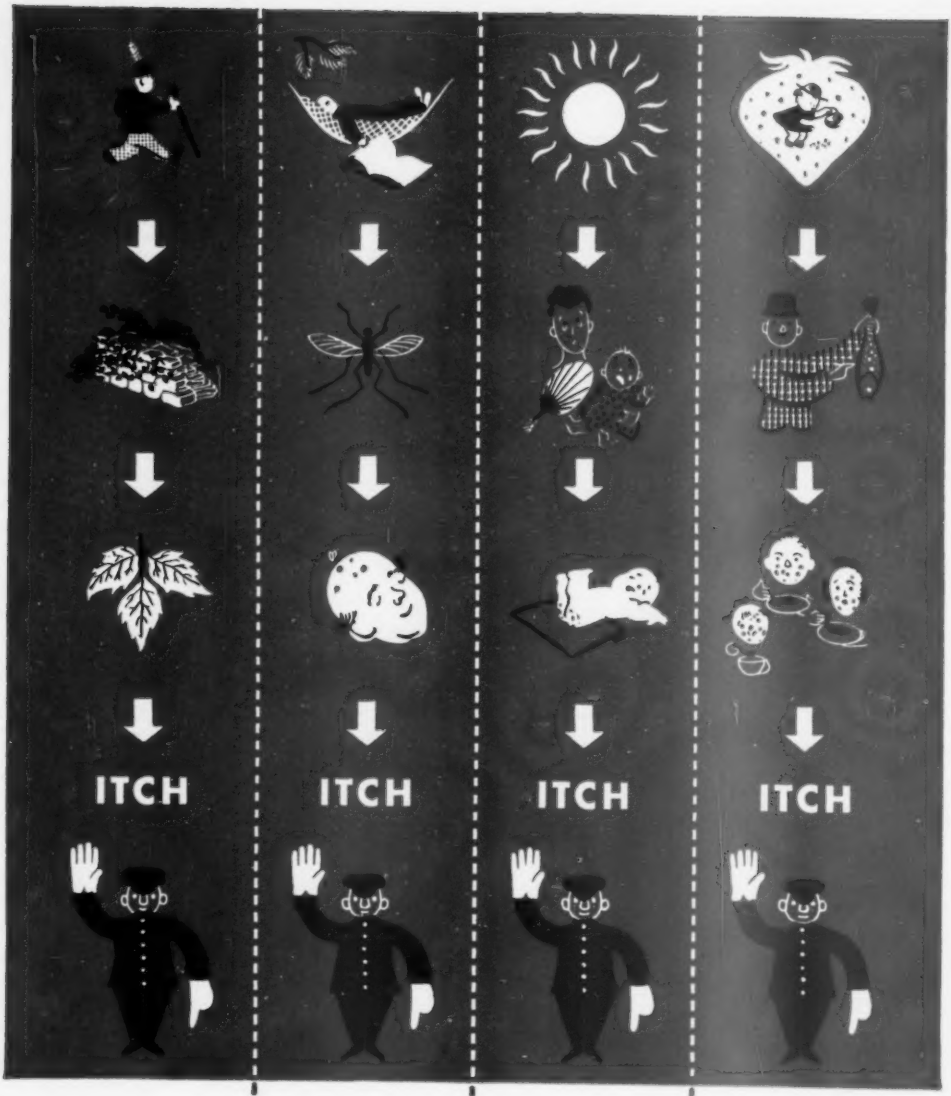
R.N.

August—1951



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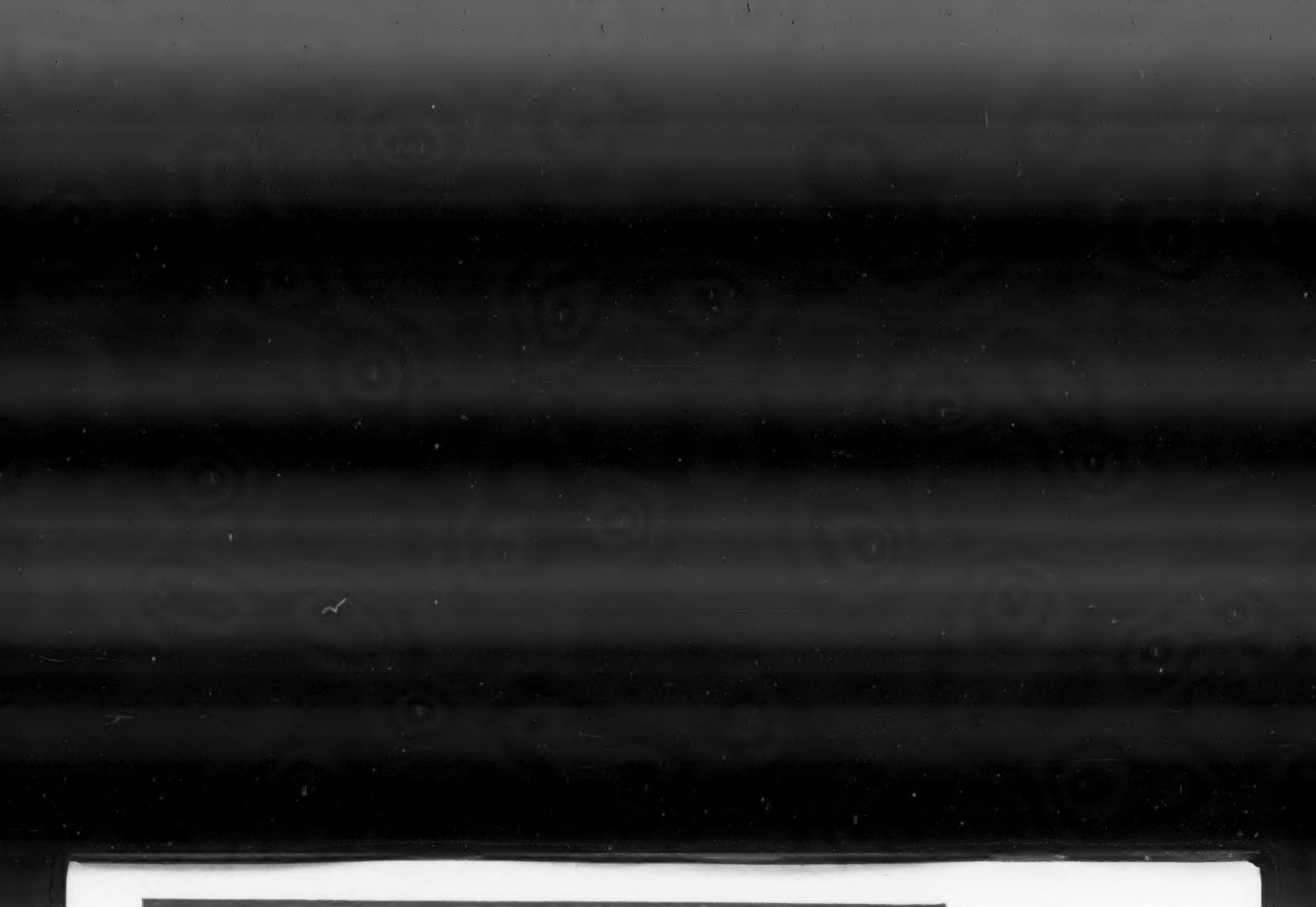

R.N.

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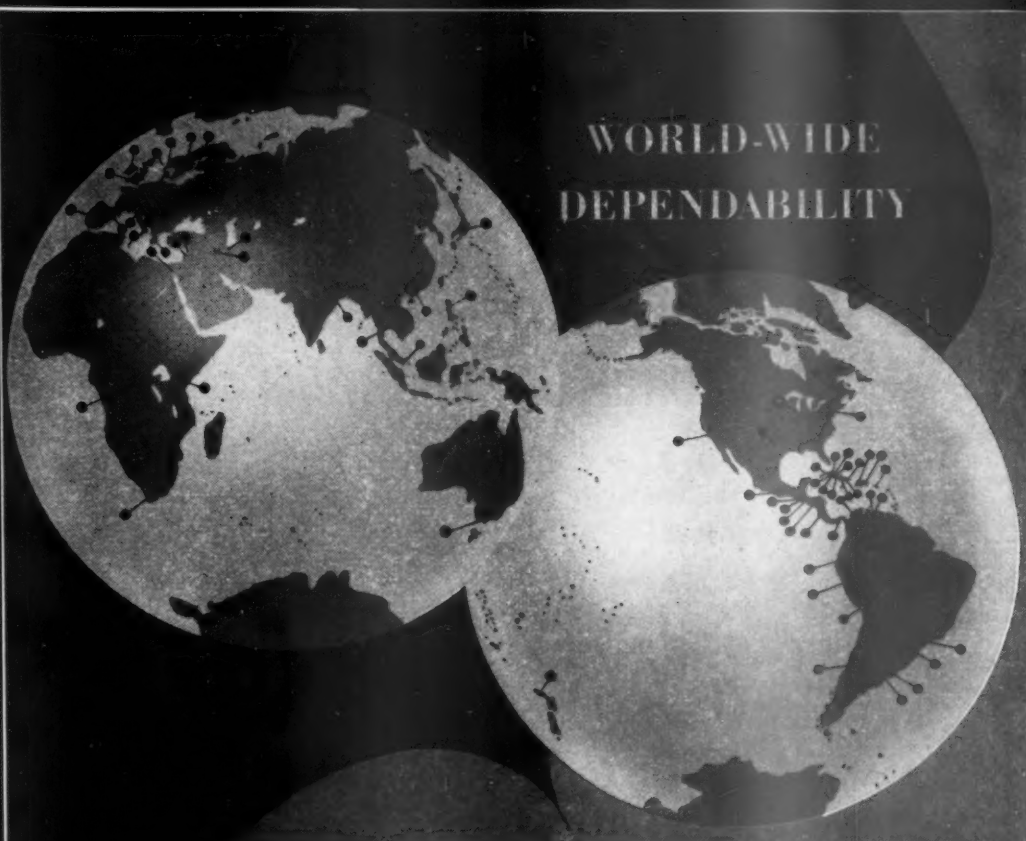

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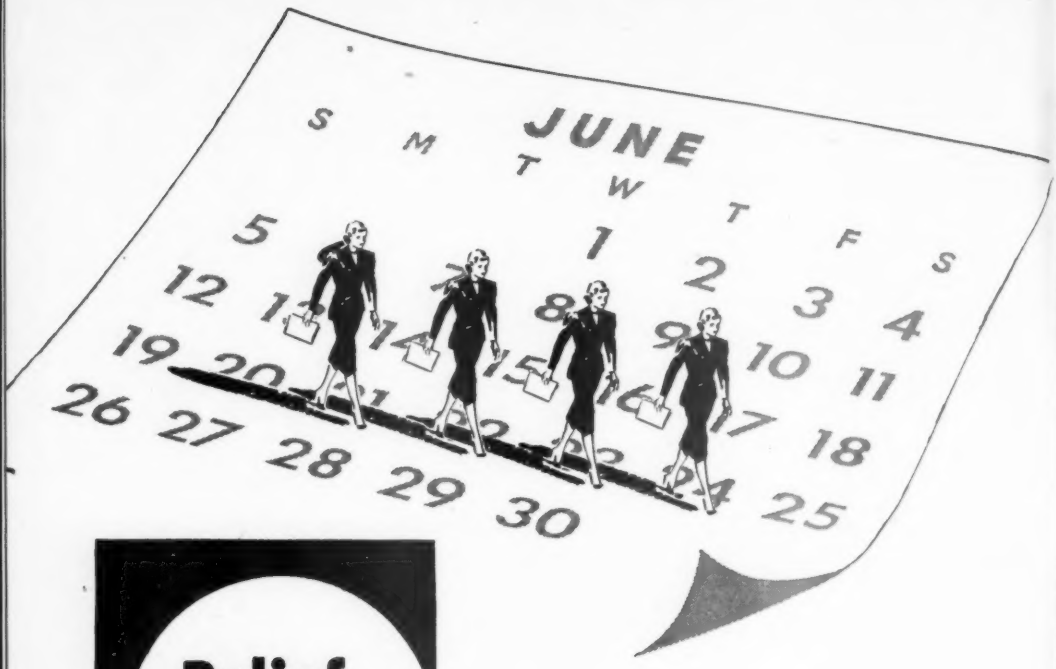

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NO FEDERAL AID

Dear Editor:

I have read several articles recently about the cost of a nurse's education. According to one report the nurse each year renders service to her hospital to the amount of only $214.

We all know that during her first year a student spends most of her time in the classroom. We also know that during her second and third years she is a valuable asset. If it were not for the work done by student nurses, hospitals would be forced to employ more graduate nurses to do general duty, at a salary. Even if it cost $4,000 to educate a student nurse, I am sure she would more than repay her hospital. The same article which assesses a student at $214 states that government subsidy is needed for nursing education. How much freedom would hospital administrators have if the government held their purse strings? I know we are passing through a period of great change and we are in a very unsettled state of mind at present, but why should added medical expenses be blamed on the education of student nurses? I do not think federal aid to nursing education will solve our difficulties. I do think such aid would be the first step toward socialized medicine, for there is no freedom, as we know it, when anyone tells you where you can spend your money, how much, and for what purpose.

MARY C. LOWE, R.N.
ASSONET, MASS.

[*Legislation for federal aid to nursing education is being sponsored and promoted by the national nursing organizations at the present time. If nurses object to such legislation, write to or wire the American Nurses Association at 2 Park Avenue, New York 16, N.Y.*—THE EDITORS]

MISSING—SATISFACTION

Dear Editor:

I read your April editorial "As a Small Hospital Suffers" with thorough understanding, and I heartily endorse your thinking! As a graduate of a small hospital (150 beds), I am well aware of the aspersions cast our way by graduates of the larger, more academic schools of nursing. My school of nursing is accredited but I know how badly I should feel if *it* were flunked by the National Nursing Accrediting Service, for I feel I was given an adequate training. Everything cannot be taught in a school of nursing anyway, and if the individual nurse is to prove of value

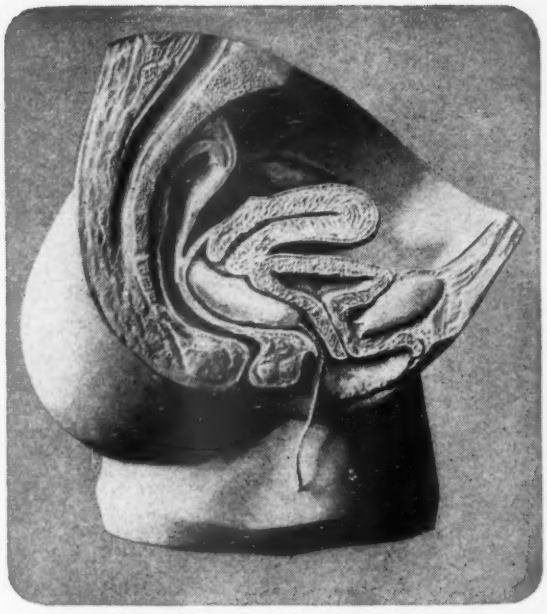
to the profession she must keep growing as a professional person.

Last year I spent seven months doing general duty nursing on a surgical ward in one of the largest hospitals in Chicago—a hospital of national renown, yet what I witnessed made me feel sorry for its graduates. The teaching staff was capable and technical book work heavy, but the more practical, down-to-earth side of nursing seemed neglected. For instance, students knew nothing about oxygen technique because there was an oxygen squad to make the rounds at stated intervals, checking the tanks and changing nasal catheters. Neither students nor graduates were allowed to take blood pressures—this was the interns' duty. Nurses did not give penicillin because there were penicillin technicians. Nurses did not test diabetic patients' urine for sugar and acetone—this was also the interns' concern. And many of the male patients' hot wet dressings or daily re-dressings were left to the interns. If blood transfusions stopped, it was up to the interns to check. In fact, in this large teaching hospital everything seemed to be up to the interns except the giving of ordinary medicines and the doing of the laborious, time-consuming paper work.

I could go on and on with situations which do not seem vital or important, but which to me represent good basic training. Actually, what does the paper classification of a school mean if the students are guided away from good patient care? I am all for the upgrading of the nurse; for shorter working hours, and

TAMPAX FACTS NO 2

...It is "free from harm or irritation to the vaginal and cervical mucosa..."[1]



By practically every known medical criterion, TAMPAX has been proved physiologically safe . . . clinically adequate . . . and esthetically acceptable. In one study[1] involving 2000 cases and extending over a five-year period, TAMPAX was used with "most favorable" results. Of this group, 36 subjects inserted TAMPAX *twice daily for an entire year*, and no irritation or vaginal changes were observed. In another investigation,[2] where 21 women used TAMPAX for 3 to 5 months, it was noted that "the vaginal canal is less likely to become irritated by a tampon (TAMPAX) than the vulva (hair follicles, sweat and sebaceous glands) by an external pad."

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References: 1. West. J. Obst. & Gynec., 51:150, 1943
2. Clin. Med. & Surg., 46:327, 1939
3. J. A. M. A., 128:490, 1945
4. Am. J. Obst. & Gynec., 48:510, 1944
5. Am. J. Obst. & Gynec., 46:259, 1943
6. Med. Rec., 155:316, 1942
7. Med. Rec. & Ann., 35:851, 1941

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basic degrees, but can responsible nurses be turned out if all the little things are eliminated that make for a good nurse?

I worked at this hospital for seven months and then left. I was tired of students telling me what to do, aids telling me what not to do, and interns doing what I had been trained for. I left general duty nursing in disgust, and am now employed as a venesectionist in a blood bank. I feel my work now is important, but I do have regrets about leaving general duty, for I liked taking care of patients at the bedside.

VIRGINIA A. STEPONATE, R.N.
CHICAGO, ILL.

HELPED TO HEAR

Dear Editor:

At the convention of the Ohio State Nurses Association two years ago I sat behind Miss Janet Geister. I saw her hearing aid and it gave me courage, and now I wish to thank you for printing Miss Geister's article "Are You Hearing Things?" in the May issue, for it may encourage many other nurses.

I began losing my hearing in 1926, the year I graduated from nurses' training. Although tempted to give up nursing twice since then, I stuck with it and am now in charge of a 68-bed floor in a chronic hospital. I wear a hearing aid, and while I do miss being able to hear through a stethoscope (even the aid can't help with that), I do not feel superfluous or inadequate. When I first realized my handicap, I went

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and it's less work than guess-work to let OCTOFEN clear those cases as quickly and safely as possible . . . as thousands of doctors have discovered!

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through some fairly bad emotional struggles, but I was helped over the hardest time by the St. Louis League for the Hard of Hearing. Now I'm doing fairly well, emotionally speaking, and I'd like to help some other hard-of-hearing nurse through correspondence.

I feel Miss Geister is helping all of us who have lost some degree of hearing, for having her in the high councils of nursing is like having an influential relative, only better.

SELMA MONOSSON, R.N.
WARRENSVILLE, OHIO

[*When we suggested to Miss Geister that she might write such an article, it was with the hope that her philosophy could be conveyed to as many hard-of-hearing nurses as* R.N. *could reach. Since its publication* Everybody's Digest *has requested reprint permission. We are pleased that her audience will be greatly enlarged.*—THE EDITORS]

REDRESS WANTED

Dear Editor:

Some time ago I asked a registrar why we private duty nurses could not have a union. She was horrified that I even suggested such a thing. But since then I have spoken to several other private duty nurses, and they are in favor of a union. As it is now, we have no one to consult and no official way of obtaining redress for unfair treatment, of which there seems to be much these days. I know many instances in which personal differences have resulted in a nurse being dismissed from a case, with no

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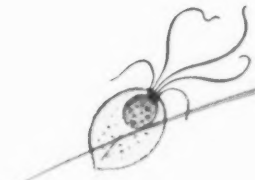

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reason given and no way of finding out the reason. I believe we spend considerable time and effort to become private duty nurses and I would like to see some procedure set up which would give us a feeling of stability.

R.N., OMAHA, NEBR.

[*We believe that membership in the private duty section of your state nurses association will give you and your sister private duty nurses more help than will recourse to a union. Your headquarters office is at 303 Merchants National Building, Omaha. Try your professional association first.*—THE EDITORS]

FLORAL FACTS

Dear Editor:

I wonder how most patients and nurses feel about patients' flowers? Personally, I feel they mean a great deal to the patient, the sender, and all those who see them. But it does seem to me there could be a middle of the road policy—smaller bouquets sent throughout hospitalization, for instance, rather than a deluge of huge bouquets all at once. I've heard patients say that the first few bouquets thrill them but they would enjoy a rest until those begin to fade.

Another advantage of small plants and bouquets might be that the extra money could be used for charity. Donors could send a message along with the plant saying that it may be small, but with it a donation has been made to a charitable organization in the patient's honor.

R.N., MUSKEGON, OKLA.

even in stubborn
slow healing **wounds**
burns
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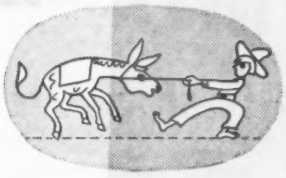

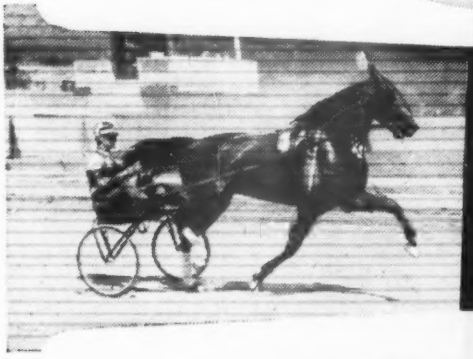

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1. Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Ind. Med. & Surg. 18:512, 1949.

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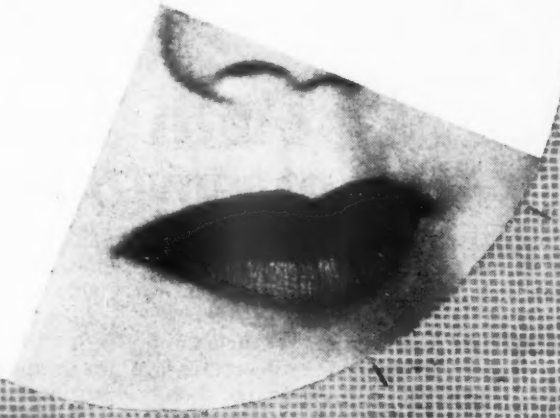

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The nutrient contribution of three servings of Ovaltine in milk is defined in the appended table.

1. Jeans, P. C.: Feeding of Healthy Infants and Children, J.A.M.A. *142*:806 (Mar. 18) 1950.

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PHOSPHORUS	0.94 Gm.	VITAMIN C	30.0 mg.
IRON	12 mg.	VITAMIN D	417 I.U.
COPPER	0.5 mg.	CALORIES	676

***Based on average reported values for milk.**

Two kinds, Plain and Chocolate Flavored. Serving for serving, they are virtually identical in nutritional content.

Science Shorts

A New York State Health Department recommendation against hypodermic injections during the summer for children more than six months old has been challenged by a New York County Health Commissioner who says that the advice was based on an unsubstantiated British finding. Studies in Australia and England seemed to indicate that children who developed polio tended to have paralysis in the injected arm if they had received the injection within a month.

*

It has been estimated that each year in the U.S., 12,000 women die from breast cancer, and that approximately 4 per cent of all female adults succumb to the disease.

*

Deaths of children and adults from the purposeful or accidental ingestion of rat poison or bichloride of mercury could be greatly reduced by the use of BAL (British Anti-Lewisite), according to an article in the *Journal of the American Pharmaceutical Association*. The action of BAL in uniting with heavy metals or wresting metal away from the body tissues with subsequent excretion of both metal and the drug has made it a valuable antidote in cases of arsenic poisoning, arsenical encephalitis, bichloride of mercury poisoning and gold poisoning. Every hospital and retail pharmacy is urged to have at least one 10-vial package on hand at all times.

*

Gantrisin (Hoffman-La Roche), a new sulfonamide, has been reported in the Eye, Ear, Nose and Throat Monthly, *as effecting cures in 127 out of 180 cases of acute and subacute conjunctivitis.*

*

A burn treatment involving the use of zinax, a cow's milk preparation, now being tested in several naval and civilian hospitals, is said to virtually eliminate scarring and reduce the time required for skin grafting. The preparation, placed on gauze impregnated with zinc acetate, is applied to the burned area as soon as the victim is admitted to the hospital. After it dries, the white rubber-like substance protects the area from bacteria and prevents loss of body fluids.

*

The AMA's Council on Foods and Nutrition has officially stated that the use of aluminum cooking utensils is not injurious to health.

*

In most instances, epilepsy, which can be controlled in at least 70 per

cent of the cases not due to organic disease, should not prevent those afflicted from leading a normal happy life, says Dr. Lewis J. Pollock of Chicago in *Today's Health.*

*

Accident frequency rates for 1950 in all industries submitting reports to the National Safety Council showed an 8 per cent reduction from those of 1949.

*

Plastic oxygen masks, costing only 40 cents, have been developed for use in pressurized planes when pressure may be lost at high altitudes. The mask, which fits both adults and babies, is plugged into oxygen tubes beside each seat, and may be kept as a souvenir or disposed of when leaving the plane.

*

The Federal Security Agency reports that the average length of life of white women in the U.S. has reached a high of 71 years. The average for white men is 65.5 years.

*

A preliminary report by Dr. Terence Lloyd Tyson of New York City, in the *Journal of Investigative Dermatology,* shows that gelatine may have a marked therapeutic effect on fragile finger nails. In Dr. Tyson's study, 10 out of 12 patients who received 7 Gm. of gelatine dissolved in water or fruit juice once a day were cured of their soft, peeling, easily breaking finger nails. Similar improvement was also noted in toe nails and in the growth of hair and eyebrows of several patients receiving the gelatine.

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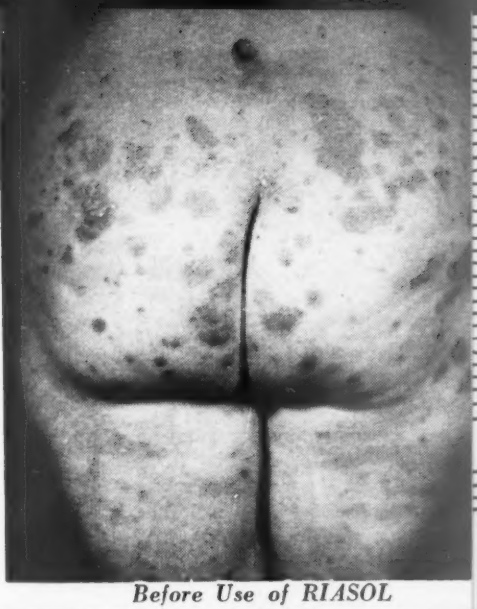
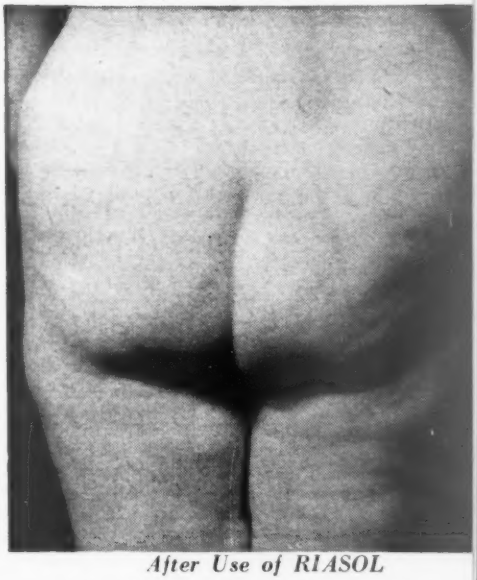


Before Use of RIASOL



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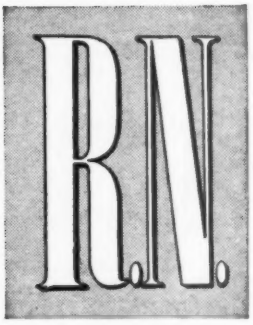


Speaks: LET'S TALK

■ WE'RE JUST PLAIN SCARED to death that they are trying to put something over on us." . . . "Some day we'll wake up to find that they've classed us as practical nurses." Who are the "they" referred to in these quoted statements? Obviously, they are our nursing leaders, or more specifically, our nurse educators.

Why should there be such a lack of confidence in our present nurse leadership? Why? Because nursing has come to speak a polyglot language; each specialty clinging to its own argot, and in general not understanding that of the other. And the most "foreign" of these languages is that of our educators. This group, powerful in its influence on our thought and action, seems to have advanced into a realm removed from the common words of our everyday life. In doing so it adds to the growing confusion and fears among our rank and file.

Heard over and over again is: "We don't know what the nurse educators and other top-drawer people are up to. We can only guess for they use such strange words and phrases." "The League meetings resemble the exclusive clubs where the Cabots speak only to the Lowells." "Why don't nurse educators talk a language we can understand? Has the League gone behind its iron curtain?" We know the nurse educators mean well; we cannot doubt their sincerity. They plan according to what they believe to be of best interest to profession and community. They set up goals accordingly. However, after listening to nurses in discussion we are thoroughly convinced that regardless of the educational peaks our leaders aspire to, unless the majority of nurses know what it's all about their efforts are doomed to failure.

As we undertake the solution of any problem, it is natural to start with the question, "What is the objective?" This applies with equal force to the nurse educators. What is their objective? We believe it to be an intrinsic and earnest desire to keep nursing abreast of its responsibilities. There are many thousands of nurses among the half million living nurses with "R.N." certificates who have the same objective. The quality or presence of an academic degree has no relation to the quality of our ideals. What all of us need is to be more sure of the specific plans of our educator group. Nurses are frankly puzzled

THE SAME LANGUAGE

when on one hand they hear that 63,000 more nurses will be needed by certain dates, and on the other, they hear the constant stress on the need for college degrees. They wonder if it is the hope of nurse educators that all of the thousands of new nurses of, say, five years hence, be degreed. If not, *who* shall be? What is in mind for the diploma school nurse as the nurse technicians, practical nurses, nurses' aides, are encouraged to multiply?

These are fair questions. They can be discussed openly with the rank and file. The majority of nurses are never afraid to face facts; they are only afraid of being led unknowingly. They are not adverse to adjusting themselves for the good of the profession and community; they want only to know that these adjustments are actually for the good of profession and community.

It is high time for our nursing leaders to reappraise the value of an informed profession. We are living in a period that will go down in history for its electrifying speed of change. Everyone, not only the nurse, needs help in interpreting what goes on around him. Attitude as well as vocabulary needs to be understandable. The shocked response when nurses look askance at our planners' Babeldom, or question the inference of recommendations, or proposed experiments, is not the attitude to strengthen confidence in leadership.

Educator's proposals are not sacrosanct, and there can be understanding and respect for ideas whether or not all are in agreement with the ideas. It is this understanding and respect that will bind the profession together and produce a unified group. Unity will not be the product of the magnificent indifference and cool detachment exhibited by some of our people in the past and present.

We should like to see nurse educators meet often with other groups—staff, public health, industrial, private duty, head nurses—to discuss educational aims and processes. We should like to see them meet with an attitude of learning as well as of teaching, for, after all, these *products* of our schools know from practical experience what it is they need to meet today's demands. Conferences with them are as important as those held with top people among our allied groups and the general educators. Meetings with these other [*Continued on page* 73]

Hadassah Newsletter

The Lord doth build up Jerusalem;
He gathereth together the outcasts of Israel;
He healeth the broken in heart,
And bindeth up their wounds.
Psalms of David

The Nursing Challenge of Israel

■ AT THE TURN of the century, Palestine found itself in desperate need of doctors, nurses and medical supplies. Trachoma was blinding the inhabitants, every other person was suffering from tropical ulcers, the land was a pesthole of malaria and tuberculosis.

The cries that arose from this wilderness were answered in 1912 by the formation in New York of the Hadassah Medical Organization under the guidance and leadership of Henrietta Szold. The first contingent of 44 doctors and nurses reached the Holy Land in 1918, and by 1920, Miss Szold had opened the first Nurses Training School and the Department of Hygiene. Today, Hadassah is responsible for the largest number of nurses throughout the new democracy. But it still has a mighty job to do.

In a country where half a million refugees have poured in from the concentration camps of Europe, the slums of Africa, and the ghettos of Arabia, bringing with them the 10

plagues of biblical lore which have always followed in the wake of persecution, the need for nurses becomes distressingly apparent. Typhoid, dysentery, ringworm, measles, tuberculosis, and malaria are but a few of the diseases which must be combated.

There are 72 welfare health stations among the settlements of Israel to which both Arab and Jewish mothers bring their young and the sick; 85 per cent of Israel's children are born under their auspices. Trained nurses visit each home before and after confinement, teaching the rudiments of infant care. They also supervise the diet and feeding of 50,000 school children. They treat the tubercular at the hospitals in Safad, the malarial-infested in the desert of the Negev, and minister to the scrofulous at Beersheba. They perform their errands of mercy for the newly arrived immigrants in damp tents since housing facilities are insufficient to cope with the rapid influx of immigrants.

To best appreciate the difficulty a nurse faces in modern Israel, consider "Operation Magic Carpet," the biggest rescue project since Moses induced Pharaoh to "Let My People Go."

Visualize a mass of derelicts held in bondage for 3,000 years by the rulers of Yemen, a principality in Southern Arabia. Here were 50,000 Yeminite Jews of variegated color, some as dark as those who were taken from Africa to work the white man's land in America. Diseased and illiterate, except for their knowledge of the Old Testament, they never knew a bed, shoes, a doctor or nurse. They welcomed trachoma because its resulting blindness ended all sight of their young daughters who were seized to be sold as concubines into the Moslem harems.

In 1948, after the Israel victory, with the intervention of the United Nations Assembly, pressure was brought to bear upon the present Imain of Yemen to release these Jews from slavery. Many American dollars of the United Jewish Appeal helped to convince the Arabians. And the wretched Yeminites, who believed that one day their Messiah would come from the sky on "eagle's wings," were finally carried to the Holy Land in modern aircraft. On their arrival, all refused hypodermic injections, treatment and first aid. Since they believed the Messiah had already arrived they wanted only to be clothed in the white robes of the Lord. These simple people actually thought they were to be redeemed, according to the promise of Abraham, Isaac and Jacob.

The mortality rate of these people was high at first; one in four died. One nurse was overheard to say, "If these infants survive the night, I will be forced to believe in the resurrection of the dead." Chests were caved in with rickets. Spontaneous bleeding, anemia, ulcers and tuberculosis were found together in individual cases. One-third had ringworm, and nearly all suffered from trachoma. Only tireless patience and

by Dr. Arthur Victorson

competence enabled the student and graduate nurses to overcome superstition. Body dehydration had to be the first consideration, as it is in most tropical countries. The toxicosis treatment—intravenous administration of the proper fluids—acted like rain falling on parched land.

When such conditions prevail, a severe nursing shortage and lack of trained personnel can be understood. Although 120 doctors and 300 trained nurses supplied the initial services for these immigrants, this number hardly sufficed, since it meant that other important services would be neglected. America, among other nations, was quick to recognize the seriousness of personnel shortages. As a case in point, Dr. John F. Mahoney, New York City's Health Commissioner, sent the first of a team of six volunteers to aid in the nursing program. These girls, who were specially screened for this work, realized the primitive living conditions they were to face and the high incidence of disease among the newly arrived immigrants.

Israel is also attempting to increase its own resources. With the opening of the new Hebrew University-Hadassah Medical School, 50 doctors and as many nurses are being added yearly to supply medical and nursing needs. In addition, occupational therapists, radiologists, medical social service workers and public health nurses are being trained.

The Hadassah hospital, Kupat Holim, a governmental hospital, the Municipal Hospital at Tel Aviv and the Army Hospital in Tel Hashomer, the largest in the land, are also helping to ease the bed shortage. The first school for Army Nurses was opened more than a year ago under the direction of Major Malka Gagagi, one of the fortunate few who escaped Arab massacre when 70 doctors and nurses were killed on their way to Mount Scopus to tend the dying at Jerusalem. Already, the first year students of this school are doing part-time work in the field, helping to set limbs and suture wounds.

The personal backgrounds of the nurses working in Israel are varied. Most have suffered themselves and see a chance to alleviate the sick as a form of repayment. They have come from Africa, Bulgaria, Poland, Syria, Greece, Rumania, America and the Soviet Union. One girl, whose family was sent to Siberia by the present regime, was offered a nurse's scholarship in Moscow. Instead, she escaped to Israel, wishing to practice her profession in a free country.

Another nurse, Peggy H., came to Israel two years ago to help nurse the sick and wounded in the war for liberation against the 32 million Arabs who were determined to exterminate 500,000 Jewish defenders. Although an Irish Protestant, she declared that "liberty was worth fighting for, wherever the battleground." She departed after the battle had been won, but the Holy Land had seeped into her blood, and she soon returned. "I want to throw my [*Continued on page* 61]

CANDID COMMENTS—

On Economy and Consideration

■ THE NURSING SUPPLY situation is steadily becoming more critical. It is expected that by 1954 we will be short 49,000 of the nurses needed to meet the demands of our growing population. The greatest shortage lies in the hospital nursing field; already thousands of general duty positions are unfilled, while hospital bed occupancy keeps right on.

Our profession is working vigorously to recruit more young people for the nursing schools. Professional nursing still attracts them, but so do many other lines of work, especially in women's new occupations. In the past, there were many discriminations against women, both in professional schools and in industry. These are gone today, consequently, the competition for young women's interest is rugged. Margaret West* estimates that "if the present conditions surrounding nursing education prevail, it can be predicted that the number of nurses in graduating classes during the next 10 years will average between 31,000 and 32,000." This is not much contrast with the present, for in the past 10 years 296,661 nurses, including the Cadet Corps, have graduated—an average of almost 30,000 new nurses a year.

The profession is giving money and high effort to the study of nursing functions in order to learn the lines of demarcation between the nursing jobs. It is working hard to bring in non-professional workers to take over the duties professional nurses can relinquish—but the number of well trained, registered practical nurses is not keeping pace with the demand. The profession is committed to an economic security program aimed at removing the obstacles of inadequate pay and unfavorable working conditions that retard recruitment and depress staff morale.

The logical next move is a better use of the supply of nurses we already have. This is a project quite as important as any of the others, in fact, part of the profession's success hinges upon the success of this. John Strohm states in *The Country Gentleman* under the title "Are You Wasting Labor," that the *good* farmer wastes up to 20 per cent of his labor; the *average* farmer wastes up to 40 per cent; and the *below average* farmer wastes up to 75 per cent. I wonder if these figures can't be ap-

by Janet M. Geister, R.N.

*"Estimating the Future Supply of Professional Nurses," *American Jornal of Nursing*, (October, 1950), pp. 656-58.

plied to the use of nurses in some hospitals? In recent years there has been some improvement, but the old idea that nurses are expendable is still far from routed.

Once upon a time when jobs were scarce and nurses plentiful, it was easier to replace nurses than to preserve them. This created attitudes that linger on and set the pace in establishing salaries and working conditions. Even today there are some authorities who seem to believe that the supply of nurses is inexhaustible; that nurses must still "live a life of sacrifice." The too frequent lack of scientific planning in the use of personnel, the absence of job classifications and skilled placement of workers brings waste that seriously drains the nursing supply. These wastes relate not only to the waste of nursing already at hand but to the supply to be recruited from retired or inactive nurses. Scientific classification of the nursing job, followed by skilled placement of personnel cost money and time, but it seems to me they are in the cards. Business and industry have found such measures not only necessary but highly profitable. The shortage of hospital personnel and the strong trend toward better wage scales make it imperative to sort out the jobs according to the skill they require and the wages they command. A profit-making industry does not have the foreman and laborer doing the same jobs, even in part, yet such incongruities aren't rare in hospitals.

It is good business to measure the steps and count the motions an employe must take in doing a job—and to trim them to size. A stenographer does not walk a half block for an envelope; her desk is a compact working unit. Kentucky dairymen, according to Mr. Strohm, cut the 150 labor hours per cow given in the dairy barn in a certain period to 50 "by using carefully planned work methods and effective building arrangements for dairy chores."

Contrast this with a nurse in one hospital who takes the elevator to a sixth floor central drug room for two aspirin tablets, and a head nurse in another who must give written account for every tablet and pill in the cupboard after every shift of duty. Once during a survey, I came across public health nurses writing the patient's name and address and the name of the physician 11 times in the admitting process. When attention was focused on this, it was cut to two. The trouble in this instance was the same as in many institutions—both the business and nursing offices were constantly sending up new, separate orders, but no authoritative person was at hand to study the whole job given nurses to keep it in balance. In another health department survey, we found eight-hour-a-day nurses putting in over two hours daily in clerical work; "downtown" doctors kept adding to the facts they wanted.

We do not have to wait for a scientific job classification to spot the waste in these and similar performances. An observant, thoughtful person can count writing hours and forms; the time and steps that go

into fetching; the distances between record, utility and supply rooms—distances that could be reduced by the use of grey matter and some dollars for the mason and plumber. A receptive observer would find many nurses with sound ideas about short cuts. Of course, there are institutions in which these matters have had intelligent attention, but there are others with little evidence of it. Recently, I saw the shining new wing of a hospital in which the equipment, blending of colors and comfort, represented the last word in hospital decoration. But in every two-bed room the space was so poorly planned that it was necessary to pull a bed into the corridor whenever a stretcher patient was brought in. It is the nurses who will pay the most for that grave oversight in planning.

The need for analyzing nursing jobs, and gaining knowledge in where the skills and experiences of nurses count most, has special meaning for nurses returned from inactivity. Some are veterans whose physical strength cannot match that of the 22-year-old on general duty—and eight hours of general duty does take strength. But these nurses have an invaluable store of judgment and understanding won from rich experience, and undiminished skills of hands and head. Surely the hospital with its enormous demands on human abilities has a place for these things. Ewan Clague, U.S. Commissioner of Labor Statistics says ". . . one finds many occupations where experience [*Continued on page* 62]

Probie

"NOW I see it."

THE CHLOROPHYLL MIRACLE

■ WHAT A DAY it would be if a patient on admission to a hospital might be asked whether she preferred lavender, mint, gardenia or old spice. And, having stated her choice, could relax and look forward to a pleasantly perfumed hospital stay.

Does this seem far-fetched? Perhaps. But just look at the odor-vanishing miracles already produced by pharmaceutical ingenuity and inventiveness in the shape of the little green chlorophyll tablet.

Not long ago a small group of nurses was called together to discuss the problem of "smoking on duty." A supervisor, perturbed over repeated complaints from patients about offensive smoking odors on the nurses' breath, was lecturing the girls on smoking during working hours or shortly before reporting for duty. She admitted that she enjoyed a smoke herself after lunch and in the middle of the afternoon, and appreciated the fact that the girls enjoyed a puff now and then, but their first duty was to the patient. A sick person, she said, usually objects to having a nurse about who reeks of cigarette odor, or any other kind of odor.

The girls thoroughly agreed with the supervisor for they knew that they themselves disliked having doctors, dentists, hairdressers, or any-

by Julie E. Miale, R.N.

one, for that matter, attend them, who was afflicted with one or more types of body or mouth odors. However, there was a great deal of uneasiness and dissatisfaction when it seemed that the only solution to the problem was to revoke all smoking privileges.

Then one young woman informed the group about the green tablets that were being ordered for patients with malodorous afflictions. She cited the case of a woman with a cecostomy who acquired so offensive an odor that the patient occupying the room with her insisted that she be transferred to another room. The patient herself complained bitterly to her physician, for the odor was sickening to her as well. In desperation the doctor decided to try the new chlorophyll tablets. It took a lot of chlorophyll to turn the trick, but six of the tablets daily cleared up the odor almost immediately.

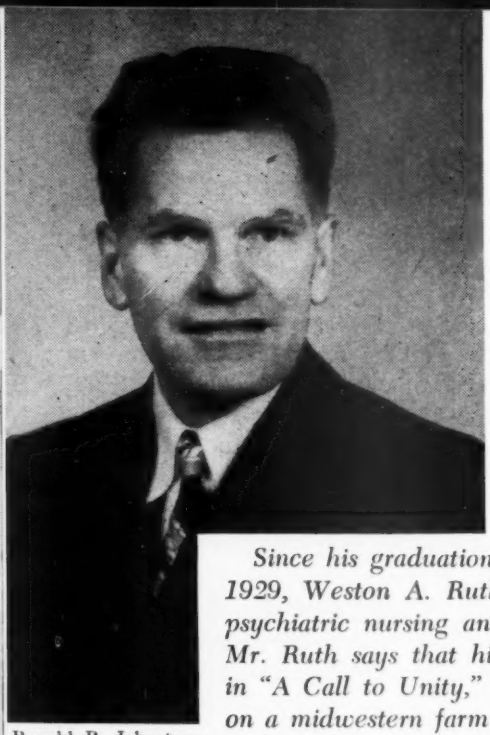
The nurse went on to say that she had done a week of personal research on her own and was sold. The supervisor and the staff nurses, convinced by the evidence, decided that chlorophyll warranted a trial, and thus the smoking crisis was averted.

What is this magic chlorophyll that helps to keep us from offending our fellow human beings? For years, some of the world's greatest scientists have attempted to untangle the chemical mystery of chlorophyll but progress has been slow. However, this lack of knowledge has not interfered in any way with the progressive steps taken to utilize this all important pigment of nature.

In the spring and summer we are surrounded by chlorophyll for it is the green coloring in plants, the coloring most often found in nature. Plant life is not possible without it, and only a few plants of the lowest order, such as mushrooms, have managed to adapt themselves to live without it. Its peculiar property of utilizing the energy of the sunlight in converting water, carbon dioxide, mineral and other inorganic substances into organic complexes essential to plant metabolism is the keystone of the whole structure of life.

It is surprising that up to now so little use has been made of this pure and natural coloring matter, since it appears to be available in such large quantities. Actually, though, it is not easy to isolate chlorophyll on a large scale for plants contain a relatively small quantity of it (about one per cent or less in dry matter).

The first person to produce evidence of chlorophyll's therapeutic value was Dr. Emil Burgi, who claimed that its topical application stimulated epithelial growth and exerted a [*Continued on page* 71]



Ronald B. Johnstone

A CALL TO UNITY

Since his graduation from the Bellevue School of Nursing in 1929, Weston A. Ruth, R.N., has done private duty nursing, psychiatric nursing and for the past 15 years, prison nursing. Mr. Ruth says that his attitudes toward nursing, as expressed in "A Call to Unity," are probably derived from his early life on a midwestern farm and more recently from his residence in a rural community where cooperation is an essential factor in meeting the public's needs.

■ THE COORDINATION of nursing services on a local, national and even world level is necessary to justify our recognition by society, yet we still find short-sighted nurses who would like to promote their own specialties at the expense of total nursing.

Whether we achieve the goal of total nursing will depend on several important conditions. First, nurses must know one another; they must understand and respect the type of work others are doing. Second, the mutual problems in all areas—functional, economic and social—must be studied by all concerned. Finally, we should all know the economy and needs of the whole community.

That these conditions are far from being recognized was evident at the 1950 Biennial Convention at San Francisco which I attended as a delegate and a member of the General Duty Section. Many of those present at our section meetings obviously did not know the plans offered by the Structure Study Committee or they were ill-informed about the implications of each plan. Many feared that our section would lose its autonomy even though the plan adopted by the House of Delegates actually strengthens all of the sections.

Although progress was made in several areas, the general trend of this section's meetings was toward the negative. The most vocal people were those who bitterly opposed

any discussion which involved the understanding of the problems and the functions of other sections and organizations. Any attempt to establish a unity of purpose or a feeling of camaraderie was attacked by delegates who seemed to have come to the Biennial with the avowed purpose of seeing their own ends accomplished.

Listening to the various arguments, I could not help but feel that local experiences in limited areas were largely responsible for the attitude of those who opposed progress. I agree that personal experience can be bitter and that one might believe that local conditions prevail throughout the country, but it does seem that an open mind and a better understanding of the problems of the whole organization are more important than the attainment of personal ambitions.

It was apparent at the Convention that some nurses, in order to achieve their own purpose, would so develop sectionalism as to eliminate the whole organization and have in its stead a number of small organizations. Such a situation would indeed be catastrophic. If the sections and organizations broke up into individual groups, each weaker than the whole, the breach between the various groups would widen, and the cooperation that is so essential to total nursing would be set back many years.

Now that we have accepted the two-organization plan, General Duty Section members have a greater responsibility, one that ought to give us pause and make us think long and carefully before we express an opinion or decide on policies. Being a comparatively new section, we shall probably suffer from growing pains, but at the same time little but our own inadequacy stands in the way of progress. With the newer concepts of total nursing in mind and the memory of our errors still keen, we should work toward the next Biennial with the following precepts in mind.

- ▶ Develop the General Duty Section with the purpose of cooperation with all of the other sections and organizations.
- ▶ Elect to important posts only those who are responsible and who have broad views.
- ▶ Select delegates to conventions more carefully.
- ▶ Refuse to allow local and limited area difficulties to color our thinking on wider planes.
- ▶ Keep in mind that we progress only in relation to our contribution to the social order of the entire community in which we live.

The future of nursing will depend on how well we plan for it; our failure to include the patient in all of our considerations will make impossible any real or lasting success. If we expect to advance at the expense of other nursing groups our progress will be short-lived, the public which needs our services will be sold short, and so shall we because public opinion will turn against us. Unity and sectionalism are incompatible.

by Weston A. Ruth, R.N.

motion sickness

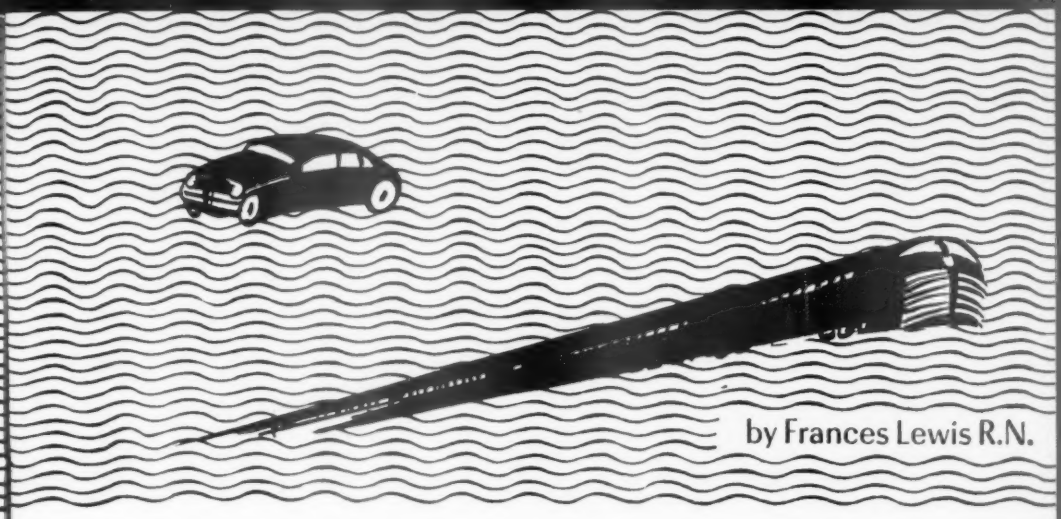
■ THIS IS THE SEASON of the year when records and fever charts are replaced by the travel paraphernalia of roadmaps and time-tables. A happy exchange for most nurses, but for the victims of transportation not quite so pleasurable. Motion sensitive individuals view ocean liners, trains or automobiles with queasy misgiving; to them even a magic carpet would have no allure.

It goes without saying that almost everybody will succumb to varying degrees of motion sickness under certain conditions. One of the many studies conducted during World War II demonstrated that "in flights exceeding two and one-half hours, and performed under normally-expected variations of flying conditions, more than one quarter of the passengers may be expected to become airsick."[1] And sailing appears to affect even more people. It has been estimated that over 90 per cent of inexperienced passengers will become sick when subjected to the motion of boats in particularly heavy seas. In certain combat landing operations almost all personnel were said to have suffered seasickness.

The severity of the motion sickness attack will depend on the degree of sensitivity and the type and amount of the motion encountered. The usual warning signals are yawning, cold sweats, salivation, a greenish pallor and sometimes hiccuping, followed by nausea, vomiting and occasionally giddiness. If sickness continues for any length of time, there may be weight loss, dehydration, acidosis, lowered blood pressure and depression. Such severe cases are sometimes found on long ocean trips where there is no relief from the causative motion.

What is the mechanism in motion sickness which makes the gastrointestinal system react in such an unpleasant manner? Contrary to popular belief, or the belief of those not so affected, it is not solely psychic, although psychic factors may be contributory. Even such animals as dogs, cows and chickens, who would not be expected to have any

[1] *Physiological Review,* (October, 1949), p. 311.



by Frances Lewis R.N.

preconceptions of seasickness, are apparently not immune to this condition. While most authorities do not place the blame on any one organ, they are generally agreed that the vestibular apparatus of the inner ear and certain structures of the cerebellum are of considerable etiological importance. It has been shown that nausea and vomiting may be induced by any irritation of the vestibular apparatus, and that when this body balancing apparatus is destroyed, there is no adverse reaction to motion. Also, dogs that have had their cerebellar nodulus removed, have shown no ill effects from swinging back and forth.

According to one theory recently propounded, motion sickness is the "result of a break in accomodation by the spinal and medullary centers from continual unusual stimuli arising in many organs."[2] Ordinarily, the sensations from the vestibular, proprioceptive, visual and other senses cause the body to adjust automatically to changes in its relation to the force of gravity. However, when the cerebellar, medullary and spinal centers, where the sensations are correlated and integrated, receive repeated doses of unusual stimuli, it is more than they can cope with, and there is a spill over to other medullary and higher centers with resultant symptoms of motion sickness. This theory also advances that accommodation can be regained, as evidenced by the fact that sea-going passengers frequently get over their seasickness, and acquire "sea legs" for the remainder of the voyage.

Disturbance of vision and kinesthetic sense are considered by most doctors in this field to be important factors in motion sickness. When a passenger sees rapidly moving surroundings from a train window or glances out of a plane window at the dipping horizon he may have a vague feeling of uneasiness even though he doesn't actually surrender to the motion sickness syndrome. Also to be considered are [*Continued on page* 55]

[2] *U.S. Armed Forces Medical Journal*, (September, 1950), p. 981.

Drug Digest

DIMENHYDRINATE N.N.R.
(Antihistaminic)

PROPRIETARY NAMES: Dramamine

PHARMACOLOGY: Dramamine, an antihistaminic drug, is closely related to diphenhydramine or Benadryl, but its antihistaminic properties appear to be less. Its efficacy in preventing or aborting seasickness and carsickness has been amply demonstrated but its effect in airsickness is apparently not so favorable. Dramamine's mode of action is not definitely known, but it has been shown to cause relaxation of smooth muscle in the gastro-intestinal tract by an atropine-like and ephedrine-like action and by a direct depressant action on smooth muscle. There is some inconclusive evidence that it may have a specific depressant action on the medullary vomiting center. The drug has been used with some success in combating the vertigo encountered in Meniere's disease and fenestration operations, and the nausea and vomiting of pregnancy.

DOSAGE: Dramamine is available in 100 mg. scored tablets; the advised dosage is 50 mg., every four to six hours. For best results, motion sensitive travelers are told to take initial dose 30 minutes before the boat leaves the harbor and 10 minutes before car, plane or train departure.

UNTOWARD ACTIONS: These are similar to those found in Benadryl therapy, but effects of nausea and drowsiness are apparently less pronounced.

CHLOROBUTANOL U.S.P.
(Anti-nauseant)

PROPRIETARY NAMES: Marketed under Chlorobutanol and Chloretone

PHARMACOLOGY: The chloral derivative, chlorobutanol, resembles chloral hydrate in its physiological actions but it is less irritating to the stomach. It has a variety of pharmacological actions including antiseptic and local anesthetic properties which account for its use as a local anesthetic in dentistry and minor surgical operations, and as a preservative for parenteral solutions. Its principal therapeutic use, however, is in the treatment of nausea and vomiting, especially in seasickness. This anti-nauseant and carminative effect is due partly to the desensitization of the mucous membranes of the gastro-intestinal tract through its anesthetic action. The drug also depresses the central nervous system causing a sedative or tranquillizing effect on sensitive or nervous individuals.

DOSAGE: Chlorobutanol is available in powder, capsules, inhalant form and dusting powder. Average oral dose for prevention of motion sickness is about 0.6 Gm., repeated in one-half hour if necessary. A saturated aqueous solution is given subcutaneously for local anesthesia.

UNTOWARD ACTIONS: As in the case of other chloral derivatives, overdosage of the drug may cause cardiac and respiratory depression.

Drug Digest

SCOPOLAMINE PREPARATIONS

(Central Nervous System Depressants)

PROPRIETARY NAMES: Scopodex, Vasano, Mothersill's Seasick Remedy and other products.

PHARMACOLOGY: The most important of the atropine series of alkaloids are atropine, hyoscyamine and hyoscine (commonly called scopolamine). Scopolamine preparations are frequently employed in motion sickness not only because of their ability to depress the medullary vomiting center but also because of their depressant action on gastro-intestinal motility and glandular secretions. Scopolamine hydrobromide was formerly widely employed in combination with morphine to produce the so-called "twilight sleep" during labor. It is generally used as a sedative or hypnotic in agitated or maniacal states, in spastic states, postencephalitic parkinsonism, and in withdrawal treatment of narcotic or alcoholic addicts.

DOSAGE: The average adult oral dose of scopolamine hydrobromide in motion sickness may range from 0.6 to 1.2 mg. In the prevention and relief of motion sickness, the average adult dose of Scopodex, a drug said to produce less toxic reactions than scopolamine, is two pellets repeated as needed. Preventive dose should be taken one-half hour before departure.

UNTOWARD ACTIONS: Scopolamine hydrobromide may occasionally cause marked delirium in sensitive persons particularly in painful conditions where no analgesics are given. One of the less toxic effects is a dry mouth.

AMOBARBITAL SODIUM N.F.

(Sedative, hypnotic)

PROPRIETARY NAMES: Amytal Sodium

PHARMACOLOGY: Classified as a short-acting barbiturate, Amytal Sodium is similar to barbital in its actions and uses but not so apt to produce untoward after effects. It is employed as a sedative or hypnotic in insomnia, as a preliminary medication before anesthesia, and as an adjunct to analgesic drugs. In tetanus it is given to control convulsions. Although Amytal Sodium is not considered a specific for motion sickness, it may help to prevent or alleviate a motion sickness attack by sedating the sensitive individual. For this reason, it was chosen as one of the drugs in the motion sickness preventive capsules used by the armed forces during World War II.

DOSAGE: Amytal Sodium may be given by mouth, or by rectum in a solution of powder and water, or in capsule form. Intravenous administration is dangerous and should be conducted only by properly qualified personnel. Dosage in motion sickness may consist of the usual sedative dose ranging from 65 mg. to 100 mg.

UNTOWARD ACTIONS: Restlessness, excitement, skin rashes and collapse may occur in sensitive individuals, and continued use may lead to habituation. Overdosage may result in stupor, and possible depression of the respiratory and vasomotor centers.

Ewing Galloway

Picking the Winners

The Group Oral Test—A Selective Device

■ ALL OF US have been "interviewed" at some time—for college entrance, for a job, perhaps for sorority membership. A few of us have been the interviewers and who can say which participant suffered more? In civil service agencies the most frequent form of interviewing applicants for nursing positions has been the oral board interview, a process whereby one poor, applying lamb is led before at least three, sometimes five, critical lions to be viewed and evaluated for a 30-minute period—a period which proved to be either an ordeal or a pleasant occasion, depending on the skill and dispositions of the lions.

In voluntary agencies the job interview is frequently conducted by one person only, the director of nursing service, or by a supervisor as a preliminary screening measure. In a very large agency it is done by a personnel director. This is the traditional "personal interview" in which there is an exchange of mutual impressions and vital bits of job information are brought to light, and steps are taken toward the formal offer of the job and its acceptance.

Of course, other steps support the process of selecting candidates for a position: written tests, ratings of training and experience against objective scales, and the trial of the candidate during a probationary period. Written references from previous employers might be included here except that they cannot be rated and are notoriously unreliable! But of all these procedures the interview is the oldest step in the appointing process.

When there are several applicants for one position, all fairly well quali-

fied and all successful in a written test, the oral interview assumes more importance as a selective device. Yet, neither the personal interview nor the oral board interview has proved an entirely satisfactory and valid method of selection. For one thing, both methods are time-consuming; never less than 30 minutes are given to each candidate. Both put the candidate under a certain amount of strain, especially in the presence of the oral board. Then, too, many applicants can put up a good front for 30 minutes; talk glibly and appear informed, yet be unable to make good on the job. Some of us have even seen the positions reversed in an oral interview, the candidate adroitly managing to ask the questions while the board answers them! Too often in the voluntary agency the applicant may be passed from one executive to another in a series of uncorrelated interviews which leave everyone confused. On the other hand, in the small agency, the appointment may depend on the opinion of just one person. All of these drawbacks have intensified the search for a more satisfactory and impartial way of interviewing applicants.

In an attempt to overcome these obstacles, various types of organizations have experimented with a radically different type of interview during the past four years. This is called the group oral test (sometimes the leaderless group discussion test). It consists of asking five to eight candidates to sit down together and discuss, in the unobtrusive presence of three to seven judges, some important problem or situation pertinent to the job for which they are applying. The candidates may be notified beforehand what the topic of conversation is going to be so that they can prepare for it; or the situation may be presented to them at the interview, and time given them to become acquainted with the details of the problem before discussion begins. After that, for an hour the group sits informally around a table and tackles the situation from any or all angles. The applicants may choose a chairman if they wish or they may wander all over the lot in an effort to bring their information to the fore. However, it is hoped by the raters that someone will guide the conversation into the main issues and steer clear of fruitless by-paths.

During this interview, the raters, with their previously prepared scoring sheets, sit well back from the group, taking no part in the conversation. After the discussion period and the departure of the applicants, they compare scores and impressions and rank the candidates.

What do they score? Top billing goes to such points as voice, poise, appearance, courtesy, ability to express ideas, use of words, organization of thought, presentation of points, leadership, appreciation of implications in the issues, knowledge of basic principles and grasp of the meaning of the total situation.

It is evident that the problem of-

by Dorothy Deming, R.N.

fered and the situational set-up must be of sufficient import to occupy an hour. In addition, it must be fairly detailed, specific and essentially realistic. The raters must think the problem through themselves and list some of the points they want handled. A few attempts have been made to let the group pose its own problem, but considerable time was consumed and results were not too satisfactory.

There must be enough raters to cover the points on which scores are taken; a ratio of seven raters to eight candidates is not considered too great. Not all of the raters should be nurses; there should be a personnel director, a psychologist, an educator, a social worker, a vocational guidance director or an experienced employer in the group. The nurse raters must be familiar with the responsibilities of the job for which the applicants are being chosen. In any interview of this type, a test technician should assist in formulating the situation, the scale of rating and the interpretation of the scores.

A typical situation, not actually used as far as I know, might be arranged for senior staff nurses in a hospital with a small professional nursing school where the problem of adding licensed practical nurses is under consideration. The group might be asked to discuss the situation from the point of view of need for that type of service, relationships between students and staff, duties, orientation, team function and safeguards to patient service.

The same situation could be lifted into the area of administrative positions by asking for discussion of costs, studies of need, effect on professional school, policies involved, preparation of members of other departments for this addition to the staff, supervision and programs of in-service training.

For public health positions, the problems again must be those typical of the job for which application is being made. The event of a polio epidemic might present enough facets to warrant an hour's discussion, especially if the staff nurse's responsibility to families, use of volunteer service and the development of health education materials were discussed. This topic could also be stepped up to the administrative level by asking about the employment of emergency personnel, curtailment of other phases of the program, aid from out-of-town sources, relationships to other community agencies and staff training.

Those who have had experience with the group oral test cite the following advantages:

¶ The candidates are at ease. They forget the raters in their interest in the problem.

¶ An hour's observation of the candidates behaving naturally and concentrating on a real situation is of more value than 30 minutes of aimless conversation with one nurse alone.

¶ Raters are entirely free to focus on the evaluation; no responsibility rests on them for directing talk or bringing out facts.

¶ The reality [*Continued on page* 74]

IDEA OF THE MONTH

From a Father's Point of View

by C. W. Hackensmith

■ SINCE my wife and sister are both R.N.'s, I have been watching the nursing profession from the sidelines for some 20 years, and believe that your own professional organizations which establish the pre-requisites for entrance to schools of nursing are to blame for the present shortage.

My twin daughters who were interested in entering a nursing school were patiently studying a National League of Nursing Education pamphlet outlining the requirements for entrance into nursing schools. Frankly, after looking this over, I do not think that nursing leaders are really sincere in encouraging young women to enter the nursing profession. Such requirements! May I ask you to defend the mathematics, physics and chemistry? Where do nurses use these? If you purposely were choosing a hurdle to eliminate young women, you could not have done better. If a girl is good enough to jump these hurdles, she should look forward to a college education which will prepare her for a more lucrative profession. That type of girl will never be satisfied with the routine duties of nursing.

Why not liberalize your entrance requirements? Chemistry should be skipped in high school and taught as a part of the nursing curriculum either at the training school or at an adjoining higher educational institution. By all means the course should cut across elementary and organic chemistry and should be practical, but elementary chemistry in high school cannot do this. Anyway, in my estimation organic chemistry is more useful to the nurse and a few fundamentals in elementary chemistry is all that is needed to manage organic chemistry.

Why don't you conduct an honest job analysis to see what nurses actually need? Too often those persons who have escaped these educational hurdles are the ones who place special emphasis on them. This happens in every profession, and is generally done to eliminate candidates under the guise of improving the profession. Knowing some of your people and the wonderful nurses they are, I can't help but wonder how they ever did without mathematics and physics.

At one time there was a superintendent of the Francis E. Willard Hospital at Chicago, Illinois, who

understood nursing education and the kind of young women it would take to stay with it. In the early 1920's, Charlotte Waddell got the idea of advertising in small-town newspapers throughout the Mid-West for young women who would like to take up nursing. She took care of their education by make-up work in nearby institutions in what must have been a wonderful program. The efficient nurses who graduated under her program are her greatest living memorial. We need more women like Miss Waddell on the planning committees of the National League of Nursing Education—women who have their feet on the ground and who are not anticipating the entrance requirements for nurses in the year 2000 A.D.

Why not give prospective nurses a liberal education sans mathematics, physics and chemistry. Let general science be substituted for physics. Biology, botany, home economics, health education, English composition and literature, social studies, physical education, typing and many other courses in the high school curriculum will "train" students' minds sufficiently for the gruelling years ahead. If you want to include more than this, then you *should* lose young women to public health work, industry and other fields requiring more than skill in giving glucose and hypodermics.

Young women interested in nursing should have a clear-cut idea of what nursing is and what its related fields have to offer. As a bystander, I see three distinct roads by which a young woman might travel:

1. Practical nursing. The practical nurse is a worker who travels in a limited fashion over the educational route followed by the R.N. You people must recognize these workers as members of the family and stop being so uppity. Take them into the fold, so that you can regulate them; don't fight them, but rather let them know that you want to help. Of course, there are some trying situations, but some day, in spite of your fussing, these practial nurses will be a boon to the R.N. Practical nurses have their place in nursing, and what is more, the public wants them.

Practical nurses should be high school graduates from a liberal arts curriculum sans mathematics, physics and chemistry. Their training could be accomplished in about a six months' course at a nursing institution. Like nurses, they should pass state board examinations. Personally, I believe their pay at present is too high for their preparation. Something should be done about this by your professional association.

2. Professional nursing. I have already discussed the R.N.'s high school preparation. I think your present nurse's education could be reduced to two years without too much harm done to the eventual product. Young women who enter the nursing profession should have some assurance that the public will not confuse their role with that of practical nurses. Only through public education can your professional organizations clarify the duties of the practical nurse [*Continued on page* 66]

R.N. FASHION NOTES for NURSES

by Suzanne Chapman

THE NEWS: Looking Ahead

THE PRICE: $8.00

When fall comes around your professional as well as off-duty wardrobe needs a lift. We've chosen this good-looking uniform from White Swan because we like its many fashion points: three-quarter length sleeves, stand-up collar and the pin-tucked vestee front. The pockets are roomy and there's a yoke in the back to allow for plenty of action. It comes in both acetate and poplin and is available with long sleeves.

Sizes: 9-15, 10-20

Manufacturer: White Swan Uniforms, 1350 Broadway, New York City

THE NEWS: Crocheted hat

THE PRICE: $5.95

This is the hat you'll wear all fall: its crocheted wool crown can be tucked into a different shape each time you wear it. We'd like it with a big chunky pin or a ribbon pulled through the loops. In grey, red, kelly green, white, black, navy and brown.

Manufacturer: Dani Millinery, 15 West 39th St., New York City

SHOP TALK

THE NEWS: Convertible Suit

THE PRICE: $65

At the top of your fashion shopping list for fall you'll usually say "a good suit, one I can dress up or down to suit the occasion." Here's the answer: a suit of Julliard's royal blue Planateen that converts easily with your accessories.

Sizes: 10-20

Manufacturer: Newbury, 37 Leon St., Roxbury, Mass.

THE NEWS: Fall Vintage

THE PRICE: about $30

This dress can well become the backbone of your wardrobe. It is made of Wyner's wool jersey in a frosted grape shade. Its cut is right for all ages and becomes many types of figures.

Sizes: 10-20

Manufacturer: R. Leonard Corp., 66 Middle Street, Lowell, Mass.

THE NEWS: Sized to Height

THE PRICE: $19.95

We feel that this is an outstanding dress because it has been sized to height and will look just as well on the 5'2" miss as on her long-legged sisters. It is made of Pacific Mills wool crepe in a heavenly shade of deep brown, and its trumpet skirt is real fall news.

Sizes: 10-20

Manufacturer: Murray White, 560 Haryson Avenue, Boston, Mass.

THE NEWS: Easy Walking

THE PRICE: $8.95

Ever walk on air? You can come pretty close to it by wearing these shoes. Their soles are a thick wedge of rubber crepe (easy to clean with an old toothbrush and soap and water), with heel and toe reinforcements. The uppers are of white elk and, because there's no detail, they too are easy to clean.

Sizes: 6-10 slim, 5-10 narrow, 4-10 medium

Manufacturer: Kickerinos by the Marilyn Shoe Corp., 1308 Fond du Lac Ave., Milwaukee, Wis.

Beauty Almanac

It's fall we're all looking forward to now—our suntans are beginning to fade and somehow we don't care too much. We're looking forward to what's going to be news in the season just a few short weeks ahead.

In beauty there's good news for nurses who must always have well-groomed hair, for once again the spotlight is on short hair. A bit more feminine than last year, the trend is more toward naturally curly hair rather than the over-sleeked masculine line so popular a year or so ago. New rinses and tinted pomades that will keep the bright summer lights alive in your hair throughout the fall and winter are the talk of the town. Used according to directions the results produced are good two ways—they add color and body to your hair and make it easy to manage by yourself.

Make-up keys itself to the newest fall costume colors—rich browns, bright blues, oranges and gold tones, are all back with us this year along with the perennial black and the happy surprise of navy.

Pick your lipstick carefully to match your color scheme. Choose a lipstick with a yellow cast to wear with orange, gold and brown, a blue cast to wear with navy, black and purple. A true red lipstick belongs on everyone's dressing table because it will go with everything including the hard-to-match reds. Incidentally, you'll find red linings in your coats and suits this year. Adds color to everyday clothes.

Guest Speakers

by Nellie C. Dunn, R.N.

■ A POMPOUS individual with a determined look and a definite display of strength gives the table a resounding blow with the gavel. The old refrain begins: "The minutes of the last meeting will now be read." A woman with a massive book steps forward and mumbles a litany of accomplishments, to wit: "At the last meeting it was decided to allow Mrs. Smith $10 for expenses incurred in attending a meeting for the prevention of cruelty to executive secretaries. A new piece of legislation was introduced" . . . and the painful debates are given verbatim. After "The meeting closed with refreshments of tea and cake," the gavel bangs, the minutes are accepted and buried in the grave of the leather book.

At this parliamentary pause, sparks of hope begin to kindle in the speaker's breast. Perhaps now she will be allowed to speak. But no, not yet. The chairman announces that Mrs. Brown will report on her convention trip. And forthwith we are regaled with the transportation problems, the poor hotel service, the weather, the food . . . the business of the convention is also touched upon.

The gavel again. Then comes a report on a meeting on accident prevention—a warmed-over speech that runs the gamut from poison antidotes, fire prevention and mental hygiene to methods of artificial respiration. This is followed by an address by the chairman of the committee on membership, who is extremely dubious whether or not this would be a good month for a membership drive.

The speaker views things pessimistically—her adrenalin flows. A frail woman rises to give a report on the revision of the by-laws; the speaker is sure that she can't hold out for more than five minutes. But the bodily build is merely a blind; the frail one sonorously reads through 12 pages of fine type. Finally, running out of both material and breath she sits down, leaving the arena to the detailists who argue the proposed changes as if they were picking over a pile of chicken bones.

When the revisions are finally accepted, the speaker is so disturbed that she has lost all sense of time. The president, a bit hoarse perhaps and her hat tilted a wee bit to one side, is still able to pound the gavel, even though feebly. The cry rings through the room: "Is there any old business, any [*Continued on page* 72]

Reviewing the News

▶ THE HEROIC DEATH of Clara Louise Maass, an alumna of the Lutheran Memorial Hospital, Newark, N.J., and a victim of the Cuban yellow fever experiments, will be commemorated in Cuba by the issuance of a special postage stamp on August 24, 1951, the 50th anniversary of her death. Despite efforts of legislators, the Lutheran Memorial Hospital Association and special requests of the ANA and the Cuban Minister of State, the U.S. has not yet seen fit to honor Miss Maass in this manner.

▶ POLIO POINTERS: Now that the epidemic season of polio is upon us, nurses will be seeking more information on polio. To supply this need the National Foundation for Infantile Paralysis is making available for personal use copies of polio publications and reprints. Copies of "A Message About Polio" and "Polio—Facts You Should Know" will be sent upon request for employe distribution, and a small quantity of "Doctor, What Can I Do" may be obtained for lay persons. Three pictographs, numbers 15C, 15D, and 15E (17″ x 22″), illustrating symptoms and precautions, and suitable for bulletin board use in plants, may also be received by writing: The National Foundation for Infantile Paralysis, 120 Broadway, New York 5, N.Y. For information on services and procedures in assisting polio patients contact your local chapter.

▶ NEXT SPEARHEAD in the Truman Administration's health program is reported to be a plan to provide free hospitalization for persons aged 65 or over who are eligible for social security retirement benefits. FSA Administrator Oscar Ewing, believed to be the originator of the program, has reportedly discussed it on an off-the-record basis with various groups, including labor leaders. The new scheme, which could be a potent factor in the coming election campaign, would affect an estimated five to seven million aged persons, and would, according to its opponents, act as a definite opening wedge for socialized medicine.

▶ A CONTROVERSIAL MEMO from the New York Academy of Medicine to the Commissioner of the New York State Department of Education, proposing ways of attacking the nurse shortage, has been vigorously attacked by the New York State Nurses Association on the grounds that the recommendations, if carried out, would lower educa-

tional standards. The doctors call for legislation to reduce the age from 20 to 18 for nurses seeking licensure; legislation to allow completion of academic instruction in two years, and a third year for nursing internship on a salary basis; and legislation to permit nurses not licensed in New York to serve on hospital staffs under supervision. The five-point memo also recommends further development of practical nurse training and opposes the requirement that practical nurse candidates should be high school graduates. Declaring that the Academy committee, which issued the statement, had its facts wrong, the NYSNA offered some counter-proposals of its own: allowing men nurses to enter the nurse corps of the armed services; reallocation of hospital duties; and raising nurses' salaries.

▶ ABOUT PEOPLE: *Mrs. Anne Lucille Laird* has been appointed director of nursing at the Illinois Neuropsychiatric Institute. Mrs. Laird will continue to serve as director of nursing for the University of Illinois Research and Educational Hospitals as well as acting director of the University School of Nursing . . . *Helen Merriam McKenney,* a graduate of the School of Nursing of Boston University, has been appointed industrial nurse for Hunt-Spiller Manufacturing Corp., Boston, Mass. . . . Officers of the ANA's New England Division elected at the Division's recent three-day convention in Kingston, R.I., are: *Annette L. Eveleth,* president; *Louise White,* vice president; *Carrie E. Butler,* secretary; and *Mrs. Florence N. Haynes,* treasurer . . . *Dean Margaret Bridgman,* who has served for two years under a Russell Sage Foundation grant as consultant on collegiate nursing programs, will continue her project for three more years, the first year under an additional Russell Sage grant, and the last two under NLNE auspices . . . *Elsie T. Berdan* has been appointed chief of the Nursing Branch, Division of Hospitals, Public Health Service, succeeding *M. Constance Long.*

▶ AMA GLEANINGS: At the annual AMA convention in Atlantic City this June, Dr. Elmer Henderson, retiring AMA president, said that because socialized medicine is no longer an active threat, the campaign against compulsory health insurance will terminate at the end of the year . . . Doctors who overcharge, perform unnecessary operations and split fees got a tongue lashing from Dr. I. S. Ravdin, who urged a professional house cleaning of such unethical practices . . . Chief program hitch at the convention was caused by a baby boy who refused to make his television debut at the hour scheduled for his delivery . . . Pointing up the progress that has been made in this country under our voluntary system of medical care, the new president, Dr. John W. Cline, stated that in the last 50 years, nearly 20 years have been added to man's life span; the maternity rate is the lowest in the world; and infant deaths have been

reduced 38 per cent in the past 10 years. The problem of providing adequate medical care, he said, was a question of doctor distribution rather than shortage. He admitted that some medical schools were in financial straits, but stated that the Association believes they can be supported by private funds; federal grants are being advocated only for remodeling and construction . . . The financial crisis in American medical schools has led to the formation of a National Fund for Medical Education whose fund-raising objective is $5 million this year and possibly more in future years. Monies from the AMA's educational foundation will be funneled through this widely sponsored Fund in an effort to keep medical schools on an even financial keel, without resorting to federal aid. The AMA's resistance to federal aid recently received strong backing from the Commission on Financing Higher Education which has issued a report on the problem.

▶ MORE THAN 700 LEADERS in practical nursing met in New York City, May 14-17, for the 10th anniversary convention of the National Association for Practical Nurse Education. One of the speakers, Hilda Torrop, executive director of NAPNE, discussed the Association's proposed project for a pilot study on how to give practical nurse students experience in home nursing. Pointing out the great demand for nurses in this field, she stated that at one of the schools where such experience is provided, 50 per cent of the graduates take home nursing jobs. She also revealed that 3,000 practical nurses are being graduated annually from 125 approved schools. Newly-elected president of the Association is Mrs. Mildred L. Bradshaw, Director of Nurses at Leigh Memorial Hospital, Norfolk, Va. Mrs. Bradshaw succeeds Ella M. Thompson of New York, who was elected secretary.

▶ GRANTS: Funds for the temporary accreditation program have been secured by the National Committee for the Improvement of Nursing Service and the National Nursing Accrediting Service from the Commonwealth Fund ($75,000), the Rockefeller Foundation ($65,000) and the National Foundation for Infantile Paralysis ($61,500) . . . A financial boost has been given to the Committee on Careers in Nursing by the following contributions in the first quarter of 1951:

National Foundation for Infantile Paralysis	$22,000
American Hospital Association	10,000
(An additional $15,000 advanced)	
American Medical Association	3,000
Blue Cross Commission	5,000
Schools of nursing and hospitals	13,832
	$53,832

The Careers Committee has also applied for the inclusion of the 1952 budget in the United Community Defense Services.

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Motion Sickness

[*Continued from page* 37]

the nausea-provoking environmental factors such as poor ventilation, high temperature, humidity and odors. The smell of vomitus is often an inciting cause on a stuffy airplane.

The psychogenic causes, however, cannot be discounted. The common anxiety about flying undoubtedly has some bearing on the physical response of nausea and vomiting, and association and memory also play significant roles. One naval doctor reports having seen three women who had been seasick on a previous voyage succumb to nausea and vomiting while walking up the ship's gangplank.

It is extremely doubtful whether the oft-repeated maxim of mind over matter will alter the course of motion sickness. Yet there are certain measures that can be taken to prevent and overcome a nauseous condition. From the preventive standpoint, it is known that people become more susceptible to motion when they are not in tip-top physical shape. A respiratory infection, gastrointestinal upset or just plain fatigue may set off the nausea and vomiting trigger, and a dietary or alcoholic binge before sailing, train or flight time is definitely out if a vacation trip is to be enjoyed. Some helpful hints for the motion susceptible passenger are:

- Avoid looking at the horizon or moving landscape.
- If you have "epigastric awareness" lie down and close your eyes.
- On board ship, indulge in physical activity such as walking and sports.
- On the plane, sit amidship between the wings in a semi-recumbent position with head tipped upward. Eyes should be closed or fixed on an object within the plane.
- Inhalation of oxygen for 10 minutes every half-hour or throughout a flight may help ward off an attack.
- Avoid eating large amounts of fluid and food during a plane trip.

It has been reported by one authority on motion sickness that almost every item in the pharmacopeia has been recommended or tried for this condition. New impetus, however, was given to motion sickness research during World War II when so many soldiers and sailors became afflicted on troop ships. One of the first remedies developed by the Army was called MSP, or Motion Sickness Preventive. This consisted of Amytal Sodium for sedation and atropine sulfate and hyoscine for suppressing the parasympathetic nervous system. However, this was no radical departure from the past, since these drugs plus other belladonna derivatives and barbiturates had already been prescribed for some time. Even Mothersill's Seasick Remedy, that venerable and faithful companion of the sea traveler, contains hyoscine hydrobromide, or scopolamine, as it is called in this country.

The most progressive development in motion sickness therapy was the discovery by Drs. L. H. Gay and P. E. Carliner of the efficacy of

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(1) Hall, B. E.: Brit. Med. J. 2: 585-589, 1950; (2) Bethel, F. H., et al.: Univ. Hosp. Bull., Ann Arbor, Mich. 15: 49-51, 1949; (3) Spies, T. D.: J.A.M.A. 145: 66-71, 1951

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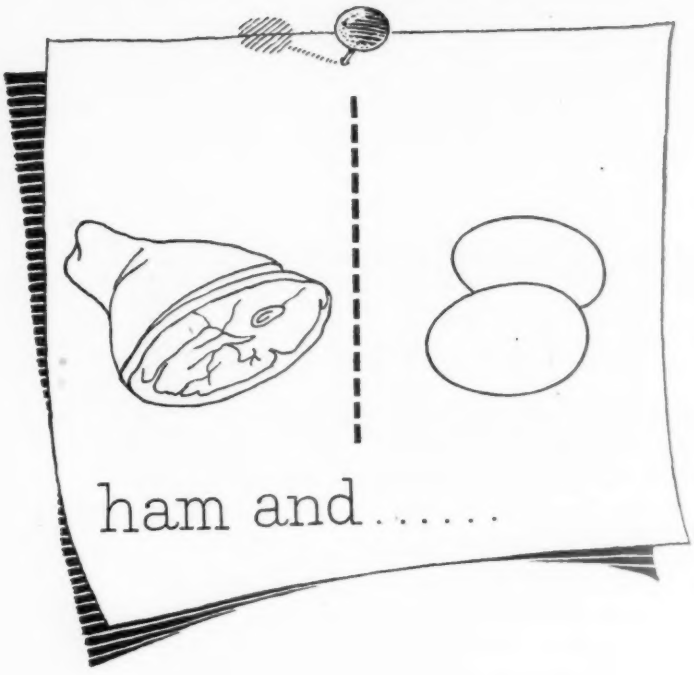
PHYSIOLOGIC THERAPEUTICS THROUGH BIORESEARCH



A traditional twosome on the American breakfast table . . . ham and eggs.

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dimenhydrinate (Dramamine) in the prevention and treatment of seasickness. In a widely publicized report issued in 1949, the two doctors revealed the promising results of a study carried out on an Army transport which conveyed 1,366 soldiers from New York to Bremerhaven, Germany. In a group of 389 men with moderate to violent symptoms of seasickness, oral and rectal administration of the drug produced relief in all but 17 men. Since that time, the antihistaminic, Dramamine, has been widely used in both ships and planes even though its superiority to other drugs has not yet been wholly agreed upon. Many doctors continue to recommend scopolamine hydrobromide or combinations of Benadryl and scopolamine for air travel; the action of Benadryl, also an antihistaminic, appears to compare rather favorably with that of Dramamine. Scopolamine preparations, Dramamine, Amytal Sodium, and an anti-nauseant, chlorobutanol are described in *Drug Digest,* page 38.

Bouts of motion sickness are usually of short duration but it occasionally happens that the victim may have pronounced residual symptoms of malaise, chilliness, inability to concentrate, lethargy and weight loss after an attack. For relief of this "hangover" condition resulting from airsickness, the following measures have been recommended in the *Journal of the American Medical Association:* inhalation of 100 per cent oxygen for 10 minutes upon landing; a full meal eaten soon after flight; dosage of amphetamine sulfate during the 12 hours following flight; and large doses of vitamin B complex during the 24-hour period after sickness.[3]

There is no end to the number of measures that have been advocated for seasickness. Even doctors aren't exempt from proffering bizarre remedies of their own. It's on the record that one obviously desperate physician advised eating "soup made of horse-radish and rice, seasoned with red herrings and sardines—together with small amounts of champagne."[4] Needless to say, this and other dietary measures have not proved efficacious. When all the much-touted remedies and preventive measures fail, apparently the only recourse left is stoicism. A remarkable example of this was Lord Nelson, the British naval hero, who suffered from seasickness throughout his famous sea-going career.

Perhaps the most favorable thing to be said about motion sickness is its merciful brevity and, of course, its zero fatality record. And even if you're especially susceptible to motion, fear of an attack will probably not deter you from taking a trip. After all, it's no fun spending a vacation in your own back yard, however relaxed and comfortable your gastrointestinal system may be!

[3] *JAMA* (April 7, 1951), p. 1109
[4] *Physiological Review,* op cit, p. 348

The first Visiting Nurse group started in Buffalo on August 10, 1885. Today, partially supported by local Community Chests, they are found throughout the country.

Nursing Challenge

[*Continued from page* 28]

lot in with these brave people," she told her friends, "even if it means conversion to their ancient faith." She was soon assured that one does not have to change one's belief to live in Israel. Hebrews never seek converts. All that is required is to do a job as faithfully as Peggy H. has done hers.

The best example of this concept can be seen in the Leprosarium in Jerusalem, an institution which has been maintained by the Sisters of the Moravian Church for 70 years. Under the British, little could be accomplished because of the lack of funds and disinterest. Today, financed by the Jewish Agency, the degrading sense of isolation has disappeared. A warmth of human contact prevails in the well-scrubbed hospital, and the nursing staff, under the supervision of 75-year old Sister Orgeline, is raising the morale of patients—Jews and Arabs alike.

There is no "Jim Crow" in Israel. Not only do the Arabs enjoy full equality, but they receive the same wages as Jewish workers and derive the same benefits. Jewish doctors and nurses in many mobile medical units make the rounds of Bedouin camps in the desert, administering first aid and recommending hospitalization for the more serious cases. Christian missions and convents cooperate with the Minister of Health, setting up their own health stations and giving succor regardless of creed. Financial help and additional personnel are given these institutions whenever necessary.

Costs of hospitalization in Israel vary according to the patient's ability to pay. The Kupat Holim, a government insurance plan, permits its members to pay 35 per cent of the bed cost. In addition, the government pays 25 per cent of the hospital cost for the immigrant. Registered nurses receive the equivalent of $150 a month with extra allowance for maintenance, and nurses on private cases command higher fees.

The State of Israel has "flouted time and mathematics," according to Mrs. Rose Halpern, president of the Hadassah Medical Organization. "We stepped into the Middle Ages and in a short span brought twentieth century medicine to the Holy Land." In Israel, nurses with the Blue Star of David on their caps can be seen walking along the same road that Christ Himself walked. And following in His path, they perform their small miracles, helping the blind, feeding the hungry, cleansing the leper, and driving out mental devils.

A survey of scholarships by the Woman's Auxiliary to the Medical Society of the State of New York showed that doctors' wives in 22 New York counties are providing 78 women with nursing school scholarships. Two-thirds of the scholarships are for hospital training and the remainder includes both hospital and college. One county offers a $2,000 college scholarship.

Candid Comments

[*Continued from page* 31]

and sound judgment are what count most . . . in many jobs at the professional and managerial level, maturity is a positive asset." There *are* places for the older nurse, and they are not "finger work" jobs, created simply to help someone out. It takes imagination and the will to do so to find these places and to relieve the marathon-running, overworked nurse.

During World War II the amount of nursing furnished by nurses who returned to active practice was disappointingly small. I believe the fault lay not with reluctant nurses but with the manner in which nurses were used and the unfairness of their salary. In many instances, whatever sacrifice was involved was exacted wholly from the nurse. Hospitals made few concessions to homemakers and mothers of small children. Actually some nurses paid their childrens' caretakers more than they received for 10-hour days of strenuous hospital work. Other nurses offering two or three afternoons a week were curtly told, "We want you full time or not at all." In one instance where the hospital was doing very well financially, nurses were asked to do 12- instead of 10-hour duty with no increase in pay. Older nurses were assigned tasks and hours far beyond their strength.

We have a large, loyal reserve in our inactive group, many of whom continue their interest through membership in the professional associations or through contact with practicing nurses. Of the estimated 836,000 who have graduated since 1875, almost 90 per cent are still alive—but 60 percent of this number are inactive. Our task in drawing as many as possible back into service is not only to determine what it is we want of them, but what *they* must have in order to fill the bill. It is not only a matter of adequate pay, but of placing them where they can function best. And the homemakers and mothers of small children should not have to make all the compromises.

We must keep in mind that the social and economic patterns of nurses have changed sharply in the past two decades. In 1927, the Com-

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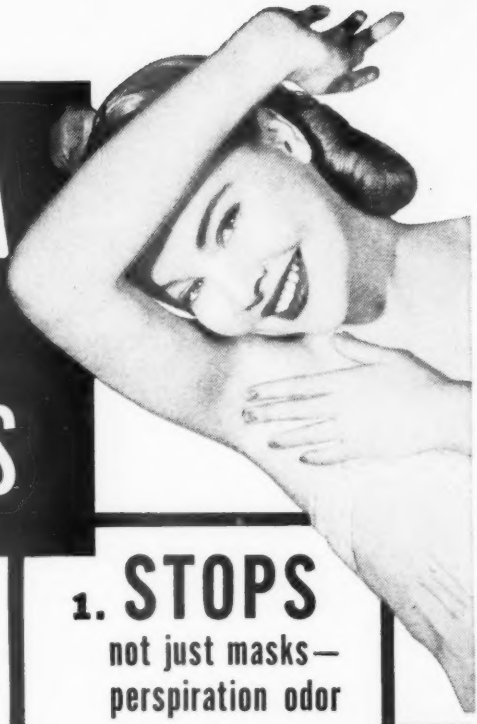

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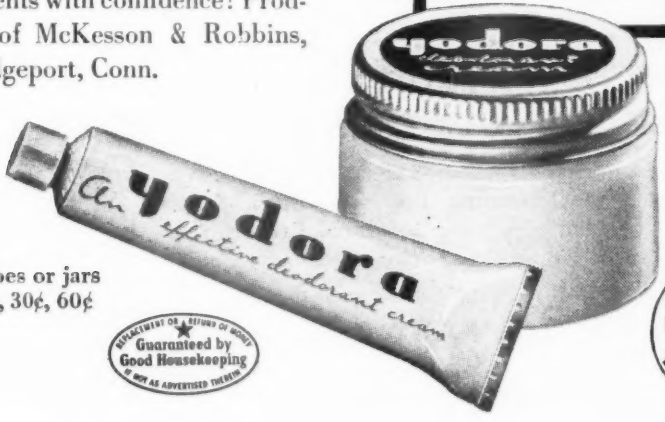

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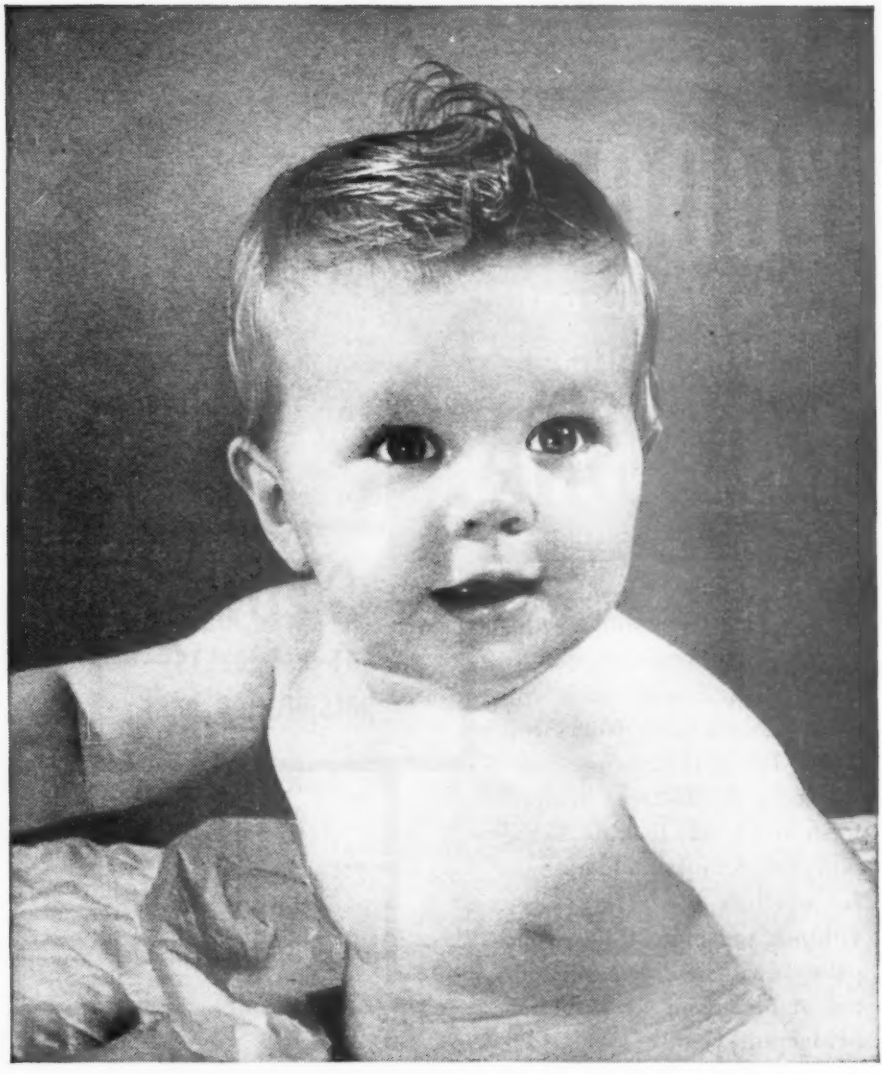

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mittee on the Grading of Nursing Schools learned that the average professional work expectancy of nurses was about seventeen years in a continuous service. Today, "a higher proportion withdraw in the first few years but those who remain in the profession remain longer."* Marriages are a major factor in early withdrawals. In 1927, 41 percent of all active and inactive nurses were married; today 75 percent are married, but more than half of them are in active practice.

Of significance to us too is the growing trend among married women to return to their professional life after their children are grown. This trend, perhaps, accounts partially for the fact that "nurses continue to work for more years, on the average, than do other women . . . At the ages of 60 and over, 10 percent of all white women are in the labor force, but 21 percent of the nurses are still active."** How much of this is due to economic need because of the absence of pension provisions for many nurses no one can know. The fact remains that nurses can work longer than in the past, and that we have a large potential force among our inactive nurses.

We had in Korea a graphic demonstration of the vital place of the foot soldier in warfare; neither jet plane nor atom bomb had lessened his value. The foot soldier in hospital nursing is equally vital—there is no substitute for the personal, skilled service of professional nurses. This is a day of conservation of manpower, for the tasks before our profession and our country demand our utmost strength. The sooner everyone accepts that fact and acts upon it, the better it will be for nurses, hospitals, doctors, and above all, patients.

*Ibid, 657
**Ibid, 656

Nursing in disasters is the subject of a League-sponsored manual now being prepared to guide faculties of basic professional schools of nursing and practical nursing in teaching this type of nursing. The manual will seek to cover nursing for all kinds of disasters—floods, hurricanes, fires, earthquakes, and atomic, biological or chemical warfare.

Father's Viewpoint

[*Continued from page* 44]

and the registered nurse. Potential candidates should have enough data on hand to enable them to choose between the two careers; this information should be available to counselors in high schools.

3. Public health, industrial, administrative and other specialized fields of nursing. Nurses in these classifications should acquire a better educational background than the general duty nurse. A B.S., R.N. should be a requirement in public health nursing and the other fields should require at least some college education. Probably, too, the high school requirements should be stiffer than in the case of the practical or general duty nurse.

I think it is up to your professional associations to delineate and clarify the scope and opportunities in each field of nursing. Each must have a dignity unto itself and there must be no overlapping of functions. If I am to be the plumber's helper, I must not be mistaken for the plumber. And if I am the plumber, I must not be looked upon as the sanitary engineer. The sooner your organizations take a hand in this, the better.

Your nursing institutions are making a good thing out of student nurses. As I understand it, many nursing schools require the students to pay tuition, buy uniforms, and squeeze the nickels in their monthly allowance, if they supply any. No wonder radio announcers are on their knees begging young women to choose nursing as a career. Have your educators ever looked up the statistics on how many young people eventually get to college? Haven't you ever heard that too many promising students never reach college because they do not have the money available for such an investment? Why don't you let the government subsidize nursing education?

I'd like to have my five girls have the advantages of a nurse's education. Why? Well, a nurse makes a good practical mother and a fine neighbor. Nursing is as good a place to find a husband as college. Also, when my girls grow older and have raised their families, they can follow

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their profession instead of the afternoon bridge club. They can be of service to humanity through one of the most worthwhile professions. If, however, they must jump all of those difficult hurdles set up by the National League of Nursing Education, I am going to encourage them to go to college and forget nursing. If they must have that kind of training in high school to be R.N.'s, they might as well choose a career where it pays off.

It is not so much that nursing education alone is out of step with general education, we all know that high school and college waste a great deal of the students' time with non-essentials. Survey after survey shows that the principles of Archimedes or Euclidian lore solve very few of the everyday problems for the majority of our citizens. Many girls who took Latin in high school would much rather have learned how to scramble eggs or how to put on a baby's diaper.

For too many years, the adult has tried to dictate a ready-made culture to the younger generation. The League has done this to some extent in listing such strict requirements for admittance to accredited schools of nursing.

Now, I suppose that instead of winning friends and influencing people, I have lost friends and am an enemy in the camp, but this is the way I view the present situation.

[Evidently Mr. Hackensmith's twins thought the hurdles surmountable. As of last September they are students in a Southern training school for nurses. Two years from now, the twins may change or corroborate their father's opinion. Meanwhile, the author and the editors welcome comments.—THE EDITORS]

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You're not the first student nurse, Beedee, who has been confused by medical nomenclature.

Just as "doughnut" to the physician means a supportive pad of absorbent cotton wrapped in gauze, so an "ACE" to a doctor doesn't mean a playing card or a "hole in one", but an ACE® Elastic Bandage.

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Our thanks and a gift of B-D products to Mrs. Anna D. Gaunt, R.N., of Bridgeton, New Jersey, who submitted the idea for this month's cartoon.

BECTON, DICKINSON AND COMPANY

RUTHERFORD, NEW JERSEY

Chlorophyll Miracle

[*Continued from page* 33]

definite healing effect on wounds and ulcers. He stated that under chlorophyll treatment, wounds dried out, rich granulations grew promptly near the margins of the wound, the epithelium progressed forward from the margins rapidly, and the wound quickly grew smaller, with no evidence of inflammation or toxicity. During the war, Lt. Col. W. F. Bowers and his associates applied chlorophyll ointments and dressings to the putrid open wounds of boys lying in the wards and found that within 48 hours after treatment, odors faded.

In 1943, Dr. F. Howard Westcott started experimenting with fractions of water soluble chlorophyll, hoping that internally it might be good for certain types of anemias. A great deal of time and work proved that chlorophyll was no panacea for this disease. However, Dr. Westcott did note that when patients were taking his especially prepared chlorophyll product, it effectively decreased obnoxious emanations from the body.

Dr. Westcott worked along this line of investigation for several years; then he managed to gain the support and interest of a private concern, the Walker Vitamin Products, Inc., in Mount Vernon, N.Y., which helped him to carry on his work on a larger scale. In collaboration with chemists at the plant, the studies, observations and experiments continued until, after much deliberation, a form of dosage and dosage schedules were worked out that would be effective in the treatment of odors.

At first, observations were made on persons with halitosis and severe perspiration odors; then later, chlorophyll was given to patients with chronic lung diseases, bronchiectasis and other malodorous conditions. As reports of variable successes came in, the use of chlorophyll for the purpose of controlling odors became a reality, and the Walker people produced the first green pill, calling it Olodex. There are now many other proprietary chlorophyll preparations.

The fame of the little green pill is spreading fast and it is worth a try. If it really works, and the evidence does lie in this direction, it will certainly be a boon to countless thousands. The problem of body odors is a very real one. It is a known fact that more than 50 million dollars are spent annually on mouthwashes, lozenges, antiperspirants and the like in an attempt to control mouth and body odors. And why? Simply because people are trying to free themselves of being offensive to others. Whatever the cause, by whatever name it may be known, bad smelling breath or fetid mouth or BO are conditions that greatly influence a person's happiness and social status.

Nurses, in particular, realize how helpful it would be to be able to cope with a fastidious patient in the hospital depressed by his malodor.

Visions of adding an aromatic to the little green pill to make possible an aesthetic future of lavender, essence of roses and old spice may be in the realm of fantasia. But . . . we can dream, can't we?

Guest Speakers

[*Continued from page* 49]

new business, any business that should be brought to our attention at this time?"

A pregnant silence. Could it be? The speaker hardly dares breathe. Yes, it is. Oh blessed words. "We will now hear from the speaker of the evening."

Though half the audience has slunk out and the other half is bordering on a state of coma, the long-suffering speaker rises numbly to her feet, dabs at her perspiring brow, and delivers a skeleton of the speech she had stayed up the previous night to prepare.

The nurses clap politely and file out of the meeting with a sense of accomplishment—a job well done.

Enterprising Eddie

Six-year-old Eddie was a precocious patient who unfailingly became respected and admired by each new patient admitted to the ward—so much so, that he invariably received their toys and spending money. What Eddie's charm consisted of was hard for the staff to discern, until someone discovered his habit of wagering each newcomer that he could hold his head, face down, in a bowl of water for an indefinite period of time. Eddie always won, since he had a tracheotomy and the other little fellows didn't know that he was breathing through the silver tube.

R.N. Speaks

[*Continued from page* 25]

groups of nurses in the common effort will help them to read each others' hearts and minds as well as each others' texts.

Nursing educators are losing what should be theirs—confidence in their leadership. Their remote attitude and inability or refusal to speak the same language as that of the rank and file are the contributing causes of this condition. It is to be seriously feared that if this Babylon continues, it will divide the profession faster than any "unified" structure can put it together.

Nursing has a tremendous task that will require the wholehearted cooperation of the majority *within* nursing to achieve. *We must travel together.* Remoteness in any of our branches retards and confuses. On the part of our educators, who actually set the pace of our progress, it can create gulfs of incalculable depths. It could be that the new ideas of today might not seem to be so new or revolutionary if couched in language everyone understood. And this might not be an inauspicious time to remind those nursing leaders who must interpret nursing changes to all nurses that there was once a man who never went to college, who spoke and wrote in words of one syllable, but who, despite this, produced a literary masterpiece, "The Gettysburg Address," which everyone understood.

—Alice R. Clarke, R.N., Editor

Picking Winners

[*Continued from page* 42]

of the situation brings out the candidates' ability to approach and solve problems and reveals some degree of common sense, imagination and ability to grasp fundamentals.

¶ There is more chance to spot leadership tendencies in the group set-up.

¶ More personality factors can be covered at one time.

¶ The process is less time-consuming, therefore less costly.

¶ Most important of all, the candidates like it.

This does not mean that the test is infallible. There may be personality clashes within the group; the topic chosen may not be equally fair to all; or the retiring but capable nurse may be over-shadowed by the domineering type and thus not reveal her latent ability. There is also the possibility that conversation may drift too far from the factual situation. All of these eventualities must be taken into account by the raters in reaching their decision.

All things being considered, however, the group oral test offers a new selective device on a professional level which warrants thoughtful trial by nursing groups. After all, personal adjustment is about the most important factor in predicting success on a nursing job. Any instrument that will assist in measuring personal qualities should be welcomed by those who select staff members as well as by those who seek a fair deal in their selection.

For every nurse who leads a double life

on duty

All day long you have your hands in and out of water. Washing babies is hard on your skin, roughens it, makes the protective action of TRUSHAY doubly important.

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You want your hands to be soft and smooth, without signs of constant washings. TRUSHAY—the "beforehand" lotion will keep them lovely.

On duty and **Off duty** TRUSHAY will protect your hands. Use it each time *before* you wash them. It will help preserve the natural skin oils. Use it *after* you wash to give your hands that oh-so-soft feeling. Rich as cream, but without a trace of stickiness, TRUSHAY is delightful to use—on hands, on face, and as a body rub.

When patients and friends wonder how you can keep your hands so soft and smooth and free from redness in spite of frequent soap-and-water scrubbings, tell them about TRUSHAY, the lotion with the "beforehand" extra.

TRUSHAY the "beforehand" lotion.

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a product of **BRISTOL-MYERS**
19 West 50 Street, New York 20, N. Y

Handier than ever

in this new professional package

Red Cross Cotton Balls — the handiest form of famous Red Cross Cotton — are now handier than ever in this convenient new professional dispenser.

RED CROSS* COTTON BALLS

PROFESSIONAL PACKAGE OF 500

- sterile
- highly absorbent
- uniform in size and shape

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*No connection whatever with the American National Red Cross

Positions Available

ADMINISTRATORS: (a) Small general hospital, well staffed. College town, Midwest. (b) New hospital under construction. Residential town near university center. (c) New hospital, 60 beds, New England. (d) Small hospital now being built. College town, Arkansas. RN8-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETISTS: (a) Two. 350 bed general hospital. Department directed by anesthesiologist, Diplomate. College town, South. $4200, maintenance. (b) To assist oral surgeon. Resort and university town, West. (c) General hospital operated under American auspices in South America. (d) Pediatric hospital, interesting city outside continental U.S. Mild, pleasant climate. (e) General hospital, 300 beds. College town, 100,000, Midwest. $450. RN8-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETISTS: Four. 450 bed teaching hospital. Department directed by medical anesthesiologist, staffed by medical resident personnel and four nurse anesthetists. Desirous of increasing staff to eight nurse anesthetists. College town. $300 per month with periodic increases. Full maintenance. Liberal vacation and sick leave. Apply C. A. Robb, Superintendent, Roper Hospital, Charleston, S.C.

ASSISTANT DIRECTOR OF NURSING: 225 bed hospital, 60 students. Degree and some experience required. Meets employment standards in the State. Apply Director of Nursing. Montgomery Hospital, Norristown, Pa.

ASSISTANT DIRECTOR, SCHOOL OF NURSING: 500 bed hospital with approved school of nursing. Master's Degree preferred, B.S. Degree and experience required. Position open immediately. Salary commensurate with preparation. Minimum $350. Write Box MVH c/o R.N., Rutherford, N.J.

ASSISTANT OPERATING ROOM SUPERVISOR: 210 bed general hospital in residential suburb of Chicago. Advanced preparation in operating room technique and administration required. Salary $235 plus full maintenance. Graduate nurse for 3-11 period in out-patient department. Salary $225 plus full maintenance. New nurses' residence opened June 1, 1951. Apply to Director of Nursing, MacNeal Memorial Hospital, Berwyn, Ill.

ASSISTANT SUPERINTENDENT OF NURSES: 60 bed general hospital, new building, modern equipment, western Wisconsin, college town. Vacation, sick leave, retirement plan. Apply to Myrtle Werth, R.N., Supt. of Nurses, Memorial Hospital, Menomonie, Wis.

COLLEGE AND STUDENT HEALTH NURSES: (a) Young women's college. Small infirmary. Midwest. (b) State college. South. (c) Military academy, Midwest. (d) Director student and personnel health, school of nursing, large hospital. Winter resort town, West. RN8-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DIRECTORS OF NURSING: (a) Director to supervise all nursing activities of one of America's major industrial companies in Asia. Outstanding person required. $8600 which includes living allowance. (b) General 300 bed hospital, college town, East. Minimum $5,000, maintenance. (c) General hospital, fairly large size. 125 students. Departments well staffed, excellent medical staff, opportunity for continuing studies. Near Chicago. (d) Director of nurses. Modern well-equipped hospital operated under American auspices, South America. (e) General 250 bed hospital, fashionable winter resort town, South. Should be particularly interested in nursing care. $6000, maintenance. (f) Director nursing, new hospital of small size to be completed January. No school. Southwest. RN8-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

FACULTY APPOINTMENTS: (a) Educational director and nursing arts instructor. 250 bed hospital, teaching affiliations. Salaries, respectively, $4800, $4000. Town of 80,000, resort area, Midwest. (b) Instructor for new outpatient department. Public health

[Turn the page]

IMPORTANT NOTICE: Effective with the August issue, we are moving our closing date ahead ten days. Thus, closing date for all classified advertising must be in our hands by the FIRST of the month preceding date of publication.

preparation advantageous. New England. (c) Educational directors, hospitals operated under American auspices on Mediterranean and in Turkey. (d) Clinical instructors in pediatric and medical nursing. Large teaching hospital, West. $4000. (e) Science instructor. Collegiate school. College town near New York. (f) Director, practical nurse training program. Midwest. $4500. RN8-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

GENERAL DUTY NURSES: 170 bed hospital in suburban Westchester County. 30 minutes from New York City. 40 hour week. Director of Nursing, Yonkers General Hospital, Yonkers, N.Y.

GENERAL DUTY NURSES: 45 bed hospital. Salary $240 minus $20 maintenance. Town population of 22,000. Nice recreation facilities. Address Business Manager, Big Spring Hospital Corporation, Big Spring, Tex.

GENERAL DUTY NURSES: 60 bed general hospital, new building, modern equipment, college town in Western Wisconsin. 2 weeks vacation, sick leave, 6 holidays, retirement plan. Apply to Myrtle Werth, R.N., Supt. of Nurses, Memorial Hospital, Menomonie, Wis.

GENERAL STAFF NURSES: Eligible for registration in Colorado. 200 bed general hospital. Salary $215, $10 additional for 3-11 and 11-7. 7 holidays, sick leave cumulative to 30 days, 2-3 weeks paid vacation. Apply Director of Nurses, Corwin Hospital, Pueblo, Colo.

GENERAL STAFF NURSES: 210 bed general hospital in residential suburb of Chicago. Medical, surgical, pediatric, obstetrical and operating room divisions. 44 hour week. 2 weeks vacation, 6 holidays, sick leave policy. Salary $190 days, $200 evenings, night duty $205, plus complete maintenance in new nurses' residence opened June 1, 1951. Salary increase $10 per month after 60 days. Scrub nurses remuneration for call. Leave of absence for post graduate experience with part salary. Apply to Director of Nursing, MacNeal Memorial Hospital, Berwyn, Ill.

GENERAL STAFF NURSES: Positions available on most services. 40 hour, 5 day week. Salary $242.50 per month for rotating day, evening and night duty. Additional $10 per month for permanent evening duty and $5 per month for permanent night duty. Salary raises based upon merit to a maximum of $275 per month. All university holidays with pay. 12 work days paid vacation yearly. Accumulative illness allowance 12 work days yearly. If desired, rooms provided for $20 per month. Hospital cafeteria meals at reasonable prices. Write Director of Nursing, University Hospital, Ann Arbor, Mich.

GRADUATE NURSES: Starting salary $300 per month. 48 hour week, 3 weeks vacation, 10-12 paid holidays per year, cumulative sick leave, retirement plan. Maintenance deduction $31 per month. Wisconsin State Sanatorium, Statesan, Wis.

GRADUATE NURSES: For general floor duty in 100 bed general hospital. No school. Organized medical staff, high quality services, pleasant surroundings. Comfortable living conditions in nurses' home. Good pay. For information write Superintendent of Nurses, John D. Archbold Memorial Hospital, Thomasville, Ga.

GRADUATE NURSES: Needed in San Francisco Hospitals. Professional nurses registered in other states or Canada can, without examination, secure temporary permits to practice in California until January 1, 1954. Permits can be secured by applying to the State Board of Nurse Examiners, Sacramento, Calif. In San Francisco Conference hospitals, the following salaries and working conditions are established for staff nurses: Salary $240-$250 per month, $10 extra for evening and night duty, $10 extra for delivery room, operating room and communicable disease service. 40 hour work week, 2 weeks vacation, 3 weeks vacation after 5 years tenure, 7 holidays, accumulative sick leave. Communicate with any of the following San Francisco hospitals: Children's Hospital, French Hospital, Hahnemann Hospital, Mary's Help Hospital, Mount Zion Hospital, Notre Dame Hospital, St. Francis Hospital, St. Joseph's Hospital, St. Luke's Hospital, St. Mary's Hospital, Stanford University Hospital.

[Turn the page]

When the doctor says "EVAPORATED MILK"–

you say "Carnation"– the milk every doctor knows!

You can understand why a busy doctor may sometimes say "evaporated milk"–and trust the nurse to tell the mother *what brand.*

For your hospital training has taught you that–when it comes to infant feeding– *"evaporated milk" means Carnation* to thousands of doctors. Out of several hundred different brands, Carnation is one that has been accepted as a standard by the medical profession for generations.

Today, *8 out of 10 mothers* who raise their babies on Carnation Evaporated Milk report that it was *recommended by their doctor or hospital!*

To protect their recommendation–*and yours*– Carnation is processed with "prescription accuracy" in Carnation's *own* plants...under Carnation's *own* strict supervision. Constant testing, from cow to can, proves that no milk in the world is safer, more nourishing, or more digestible. You can be sure the doctor will approve–every time you advise a mother to use Carnation in her baby's formula.

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Carnation is an especially suitable milk for infant feeding — and for bland and special diets. It bears the Seal of Acceptance of the Council on Foods and Nutrition of the American Medical Association.

FREE TO NURSES & HOSPITALS: Send for "Your Contented Baby"– the *complete* new baby-care manual, written by one of America's leading specialists. Carnation Co., Dept. N-81, Los Angeles 36, Calif.

GRADUATE NURSES: Staff, Head Nurses and Instructors. Salaries based on experience. Good personnel policies. Full information on request. Apply Director of Nurses, St. Louis State Hospital, St. Louis, Mo.

GRADUATE REGISTERED NURSES: For the following vacancies, needed immediately or as of September 1, 1951. Clinical Instructor and Supervisor Obstetrical Services, General Duty Nurse, all services, Evening Supervisor. 211 bed hospital. Good salary, 44 hour week. Apply Director of Nurses, Womans Medical College of Pennsylvania, Henry Avenue and Abbottsford Road, Philadelphia, Pa.

GRADUATE STAFF NURSES: For floor and operating room duty. Beginning salary $185 monthly plus complete maintenance. 3-11 and 11-7 duty $10 more. Good personnel policies observed. 40 hour week. Location convenient to New York City. Communicate Director of Nurses, Nyack Hospital, Nyack, N.Y.

GRADUATE STAFF NURSES: General hospital for medical, surgical and obstetrical services. Also vacancies on operating room staff. Salary $210 per month, two weeks annual vacation and twelve days annual sick leave. Retirement benefits available if desired. Straight 8 hour day and 41 hour week. For information write Superintendent, Robinson Memorial Hospital, Ravenna, Ohio.

INDUSTRIAL AND OFFICE NURSES: (a) Rehabilitation nurse. Public health or industrial experience desirable. Large company. Openings in New York, South, Southwest, Midwest. (b) Industrial Nurse, department store, Midwest. (c) Office nurse by prominent American Board specialist. Winter resort town, South. (d) Office nurse, group clinic, Chicago. (e) Industrial nurse, Chicago. RN8-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

INSTRUCTOR: Nursing Arts. White Plains Hospital School of Nursing. Apply to Director School of Nursing, White Plains Hospital, White Plains, N.Y.

LABOR ROOM SUPERVISOR: For present 150 bed and into new ultra-modern 200 bed hospital. Maternity department 30 beds. 40 hour week. Splendid personnel policies. Director of Nurses, Glenville Hospital, Cleveland 8, Ohio.

NURSE ANESTHETIST: Approved hospital near Detroit. $375 per month. Overtime after 40 hours per week. Living quarters available. Wyandotte General Hospital, Wyandotte, Mich.

NURSE ANESTHETIST: For small general hospital. Salary open. Liberal vacation and other personnel policies. Apply to Administrator, Lawrence County Memorial Hospital, Lawrenceville, Ill.

NURSE ANESTHETISTS: Modern well equipped 190 bed general hospital. Salary open. No split shifts. 40 hour week. Robert Johnson, M.D., Herrick Memorial Hospital, Berkeley, Calif.

NURSES: General duty and O.R. 5 days, 40 hours. Paid vacation, Social Security, death and accident policy for permanent employees. Live in or out. Attractive nurses' residence. General hospital, no obstetrics. 150 beds. In heart of New York City. Write Director of Nurses, Medical Arts Center Hospital, 57 W. 57th St., New York City

NURSES: Choice of duty in three modern hospitals. General duty, $230 month to start. Surgical, $236 month to start. Relief shift, $10 extra. Two weeks paid vacation, 6 paid holidays, medical and hospital benefit plan. Contact Roy Watson, Jr., Kahler Hospitals, Rochester, Minn.

NURSES: General staff duty, all areas. Also, operating room scrub nurses. Apply to Director of Nursing, George F. Geisinger, Memorial Hospital, Danville, Pa.

NURSES: Staff. Eligible for registration in Michigan, needed for all services in modern 200 bed hospital. Salary $226 per month for 40 hour week. 6 months increase. $10 extra for 3-11 and 11-7 duty. 7 paid holidays, 2 weeks vacation and 12 days sick leave per year. Cafeteria meal service. Laundry furnished. Apply Director of Nurses, Pontiac General Hospital, Pontiac, Mich.

OPERATING ROOM STAFF NURSE: 58 bed general hospital in Carmel-By-The-Sea, California. Starting salary $260. 40 hour week, 2 weeks vacation. Extra pay for calls. Private room with kitchen privileges in lovely nurses' home $15 per month. Apply Peninsula Community Hospital, P.O. Box HH, Carmel, Calif.

OPERATING ROOM SUPERVISOR: 225 bed hospital with 7 operating rooms. School of nursing. Salary open. Apply Director of Nurses, Sherman Hospital, Elgin, Ill.

PUBLIC HEALTH NURSE: The City of New London, Wisconsin, wishes to hire a Public Health Nurse. Please write, stating salary and qualifications, to Board of Health, New London, Wis.

PUBLIC HEALTH NURSES: Salary $256 to $327. Special bonus for desert area. Public Health Nursing Certificate required. Must have car. Write County Civil Service Office, 236 3rd St., San Bernardino, Calif.

PUBLIC HEALTH NURSES: (a) Supervisor public health nursing service. State-wide program. West. (b) Senior and staff nurses. U.S. dependency. Starting salaries $5028-$5724. RN8-7 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

PSYCHIATRIC NURSING: Positions available for Staff Nurses ($235 per month), Head Nurses ($255 per month), Supervisors ($270 per month), and Clinical Instructors ($310 per month). Vacation, sick leave, holiday and pension benefits. Apply Director of Nursing, Connecticut State Hospital, Middletown, Conn.

REGISTERED NURSE: With X-ray experience to fill superintendent's position in new,

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Laxative ACTION WITHOUT REACTION

Nurses know, when doctors prescribe Phospho-Soda (Fleet) for intestinal stasis, that it has long been authoritatively recognized for its dependable efficacy and desirable qualities in such cases. When 3 or 4 teaspoonfuls (well diluted) are administered before breakfast, it produces a soft and formed, rather than a watery, evacuation—usually within the hour; and its gentle action is quite free from irritation, griping, early tendency toward habituation, or other adverse reactions. Samples on request.

Phospho-Soda (Fleet) is a solution containing in each 100 cc sodium biphosphate 48 Gm. and sodium phosphate 18 Gm. Both 'Phospho-Soda' and 'Fleet' are registered trademarks of C. B. Fleet Co., Inc.

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A Laxative for *Judicious* Therapy

small hospital. Salary open. The Memorial Hospital, Craig, Colo.

REGISTERED NURSES: Two. General duty in new hospital, close to San Francisco. Basic salary $225 to start. Merit raises. Write Administrator. Del Puerto Hospital, Patterson, Calif.

REGISTERED PROFESSIONAL NURSES: Obstetrics, operating room, medical-surgical services. 44 hour week. $8.80 daily, $9.40 for evening or night. 3 month and annual increases. Free laundry of uniforms. Progressive vacation policy. Liberal sick leave time. Reasonably priced living quarters in hospital vicinity. Address Director of Nurses, Glenville Hospital, Cleveland, Ohio

STAFF NURSE: Approved general hospital. Salary $2650 per annum, increments. 40 hour week, 28 days vacation, liberal sick time. Also 2 Assistant Night Supervisor positions open. Salary $2890 minimum. Apply Superintendent of Nurses, Metropolitan Hospital, Welfare Island 17, N.Y.

STAFF NURSES: Excellent positions available. Attractive salaries and personnel policies. Additional bonus for P.M., Operating Room and Nursery Service. Apply Director of Nurses, Englewood Hospital, 6001 S. Green St., Chicago 21, Ill.

STAFF NURSES: Applications now being taken for positions in new 300 bed hospital in Texas Medical Center. Vacancies in all shifts in following departments: Central Supply Room, Operating Room, Medical-Surgical, Pediatrics, Obstetrics and Psychiatry. New building will be open in August 1951. 44 hour week, 2 weeks vacation after 1 year, 2 weeks sick leave after 6 months, 6 holidays per year. Pension plan optional after 1 year. Require Blue Cross physical examination at hospital expense. Salary open depending upon responsibilities and experience. Write Mrs. Mildred B. Whittet, Assistant Director of Nurses, Methodist Hospital, Houston, Tex.

STAFF NURSES: Positions available on medicine, surgery and T.B. 600 bed hospital. 5 days, 40 hours, no rotation of services. Live in or out. Salary $205, meals and laundry. Additional $20 per month for evenings, $10 for nights and $20 for T.B. (all shifts). Deduct $30 for room. Increments: $5 after 6 and 12 months, $10 after 24 and 36 months, 4 weeks vacation and sick leave, 11 holidays. Hospitalization and pension plans. Write Personnel Executive, Montefiore Hospital, 100 E. Gunhill Road, New York 67, N.Y.

STAFF NURSES: Modern 250 bed general hospital and 75 bed maternity hospital. Salary $225 monthly plus two meals and laundry. Increase at 6 month intervals. $10 additional for evenings, nights and maternity duties. $20 additional for surgery. 40 hour week. Housing available at nominal cost. Apply Supt. of Nurses, Sutter Hospital, Sacramento, Calif.

STAFF NURSES: For 390 bed tuberculosis hospital affiliated with Western Reserve University. 40 hour week. Salary $260 to $290. Full maintenance available at minimum rate. Usual holidays, vacation and sick time allowance. Advancement for desirable applicants. Meets approved minimum employment standards of State Nurses' Association. Apply to Director of Nurses, Sunny Acres Hospital, Cleveland 22, Ohio

STAFF NURSES: For 400 bed tuberculosis sanatorium pleasantly situated about 20 miles from New York City. Beginning salary $240. Increments $10 a month yearly to $287.50. $10 increase for evening or night duty. Full maintenance available at $48 a month. Liberal vacation holiday and sick time. Pension plan. Apply Supt. of Nurses, Essex County Sanatorium, Verona, N.J.

STAFF NURSES: (a) General staff nurses. Large general hospital, town of 40,000. Pacific Islands. (b) Staff and surgical nurses. Beautiful hospitals operated under American auspices, South America. (c) Surgical nurse. Small industrial hospitial, Southwest. $285, complete maintenance. (d) Surgical and staff nurses, general hospital operated by industrial company, West. RN8-9 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERVISING NURSE: Immediate opening for an efficient nurse to become supervisor

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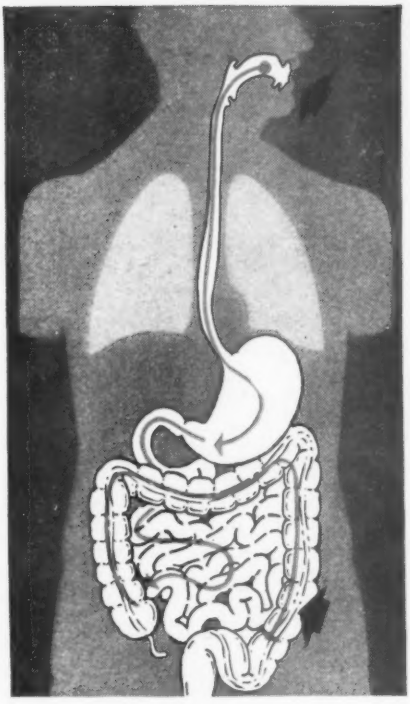

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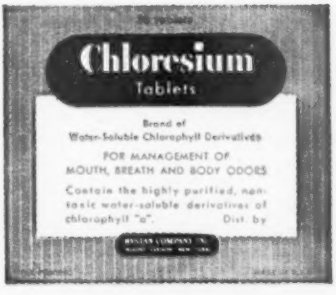
CHLORESIUM TABLETS provide more effective control of mouth, breath and body odors because they contain only highly concentrated, purified water-soluble chlorophyll—the most active and palatable form of this clinically accepted deodorizing agent. Designed for prolonged retention in the mouth, CHLORESIUM TABLETS dissolve completely in the saliva, eliminating mouth odors for many hours. Since it is buffered by saliva, CHLORESIUM chlorophyll is protected against inactivation by acid gastric juice. It passes through the stomach without loss of potency, and eradicates systemic odors at their source.



RYSTAN COMPANY, INC., Mt. Vernon, New York

at our 25 bed modern hospital. Experience as supervisor not necessary. Liberal salary, vacation, Blue Cross Insurance, full room and board if desired. Pleasant working conditions. Apply Administrator, Hazel Green Hospital, Hazel Green, Wis.

SUPERVISORS: 300 bed new hospital in Texas Medical Center opening August 1951. Openings for Psychiatric and Night Supervisors and Assistant Evening Supervisor. 44 hour week, 3 weeks vacation after 1 year, 2 weeks sick leave after 6 months, 6 holidays per year. Pension plan optional after 1 year. Require Blue Cross physical examination at hospital expense. Salary open depending upon experience and qualifications, but starts at $260. Write Mrs. Mildred B. Whittet, Assistant Director of Nurses, Methodist Hospital, Houston, Tex.

SUPERVISORS: (a) Operating room. New 300 bed hospital, service predominantly surgical. Minimum $4000. East. (b) Pediatric, EENT and Psychiatric supervisors. New hospital, unit university group. West. (c) Operating room and floor supervisors. Hospitals operated under American auspices in Peru and Columbia, South America. (d) Obstetrical. Leading hospital, Southern California. RN8-8 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETISTS: (a) Small modern hospital, city of 15,000 Central Alaska. $4800. (b) New ultra-modern hospital, adjacent college town, Southwestern Illinois. $5400. (c) Large, modern hospital, midwest state capital. $6000 yearly. (d) 100 bed modern hospital, New York university town. $4800 maintenance. (e) 125 bed approved hospital, southeastern Pennsylvania. $4800 maintenance. (f) Active medical center, southern mountain resort community vicinity Chattanooga. $4800 maintenance. (g) Small new Wisconsin hospital, good location southeastern part of State. $5000 plus apartment. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ASSISTANT DIRECTOR OF NURSES: (a) 250 bed approved teaching hospital. West Coast metropolis. Top salary. (b) Large approved tuberculosis hospital, adjacent New York college town and resort region. $4500 minimum. (c) 100 bed approved general hospital, eastern university town. $3600 minimum. (d) Large mental hospital, pleasant residential community. 40 miles from New York City. $4200 up. (e) Large approved general teaching hospital, Ohio college town. $4200 minimum. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIETITIANS: (a) 100 bed hospital, northern California. $4000. (b) Small approved general hospital, Florida resort city. $3600. (c) 300 bed Ohio hospital. $4000 up. (d) Small approved general hospital, excellent location near Oregon Pacific Coast. (e) Large ap-

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How many times have you seen FLOWERS-BY-WIRE put a smile on the face of even the tiredest patient. Your F. T. D. Florist *now* delivers fresh flowers . . . *prearranged* . . . in "long life," chemically treated water. They need no special care.

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proved general hospital, southern capital and university city. $3600 up. (f) 200 bed approved hospital adjacent East Coast univerconsin. $4000 up. (g) Assistant. 200 bed approved hospital adjacent east coast university town. $3600 up. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTOR OF NURSES: (a) 70 bed tuberculosis sanatarium, exclusive Chicago suburb. $3600 maintenance. (b) Large mental hospital, beautiful setting, prosperous midwest community. $5400. (c) 200 bed fullly approved teaching hospital, Indiana educational center. $4500 minimum. (d) 100 bed Kentucky hospital with expansion program. $4500 maintenance. (e) 150 bed approved Michigan hospital. $4800 maintenance. (f) Small approved New York hospital, excellent Hudson River location. $4800 maintenance. (g) 250 bed approved Ohio hospital. $4800 maintenance. (h) Large, Ohio teaching hospital, pleasant college community. $6000 yearly. (i) Southwestern university school of nursing, salary to $7200 yearly. (j) Small new Texas hospital. To $5000. (k) Small, new hospital, southeastern state capital and college town. $4200 minimum. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

EDUCATIONAL DIRECTORS: (a) 200 bed approved hospital, Florida resort town. $4000 maintenance. (b) Large general teaching hospital. Excellent location suburban community adjacent East Coast educational and medical center. $3500 maintenance. (c) 200 bed approved teaching hospital, city of 200,000 not far from Detroit. $4500 up. (d) 800 bed teaching hospital, 5 year degree granting nursing course. $5500. (e) Large mental teaching hospital, eastern location. $3000 up. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

EXECUTIVE HOUSEKEEPERS: (a) Large approved teaching hospital, southeastern medical center. $3500 minimum. (b) New hospital for post-operative care, unusually attractive location, elite beach resort area of far-out Long Island. Salary open. (c) 250 bed approved hospital, Texas university town. Top salary. (d) New ultra-modern hospital, city of 35,000, vicinity southeastern state capital and university town. (e) House Manager and Housekeeper, Wisconsin college. Salary open. (f) 50 bed tuberculosis sanitarium, resort town of 10,000, vicinity Milwaukee. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

INSTRUCTORS: (a) Clinical. Large Pennsylvania hospital. $3750 yearly. (b) Nursing Arts. Southeastern university hospital. $4000 up. (c) Science. 100 bed Massachusetts hospital. City of 25,000 adjacent Boston. $3600 minimum. (d) Psychiatric. Large eastern psychiatric hospital, Philadelphia area. $3300 minimum. (e) Social Science. 250 bed approved hospital vicinity Pennsylvania state capital. Top salary. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

RECORD LIBRARIANS: (a) Chief. Large West Coast university hospital. $4000 up. (b) Large Chicago hospital. $4500 up. (c) Western university hospital. $4200 minimum. (d) Southeastern university hospital. Excellent location, city of 25,000. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

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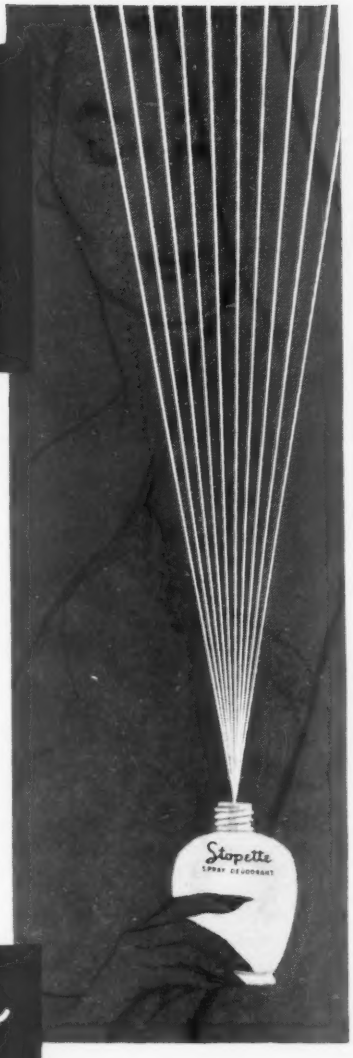
You above all will appreciate Stopette Spray Deodorant



Now have this full 2-month supply trial size bottle . . . and the new booklet, "10 Facts You Should Know *Before* You Buy *Any* Deodorant" . . . absolutely free.

Now try Stopette Spray Deodorant . . . the deodorant that is changing a nation's habits . . . the deodorant in the unbreakable, flexi-plastic, can't-leak bottle that so perfectly suits a busy nurse's life. One quick squeeze envelops the *entire* underarm in mist-fine spray, stops odor, checks excess perspiration . . . safely, lastingly. We'd like you to have, with our compliments, a full 2-month trial supply of Stopette—and with it the valuable booklet "10 Facts You Should Know *Before* You Buy *Any* Deodorant." Offer is for a limited time only, so send in the coupon now!

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THE ORIGINAL
SPRAY DEODORANT

Jules Montenier, Inc.
440 West Superior Street, Chicago 10, Illinois

Please send me, without charge, a full 2-month trial size bottle of Stopette Spray Deodorant and a copy of "10 Facts You Should Know *Before* You Buy *Any* Deodorant."

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Hospital.....

Address.....

City..... Zone..... State.....

REGISTERED NURSES: Opening for medical field workers. Generous allowance for use of own car. Apply to Mrs. E. Howe, Room 452, N.J. Commission for Blind, 1060 Broad St., Newark ,N.J. Market 2-0267, after 6 p.m. Chatham 4-3297.

STAFF NURSES: (a) Southwestern psychiatric hospital. $3000 maintenance. (b) Small approved hospital, Pacific Northwest. $225 monthly, 5 day week ,3-11 shift. (c) Small ultra-modern private hospital, town of 8000 vicinity California college town. 5 day week. $3000 minimum. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

SUPERVISORS: (a) Obstetrical. 125 bed new general hospital. Pacific Northwest. $3300 up. (b) Operating Room. 200 bed California hospital. Minimum $4000. (c) Operating Room. New modern hospital, adjacent midwest college town. $4800. (d) bed approved Michigan hospital. Top salary. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

To Our Classified Advertisers

In order to facilitate prompt handling of all classified ads submitted we shall appreciate advertisers making note of our new closing date which is the FIRST of the month preceding date of publication. All communications containing the exact copy you wish to appear should reach us far enough in advance of the first of the month for us to acknowledge it on our special form which also serves as your invoice, and payment should be in our hands by closing date if the ad is to appear.

To Our Readers

R.N. does not conduct a placement bureau, but merely lists available openings. To apply, write directly to address given in ad. If no address appears, send application to correct box number, care of Positions Available Editor, R.N., Rutherford, N.J.

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slackness isn't!

Never overlook personal details, the tremendously important trifles of everyday contact, on duty or off. Simple, routine use of **Bo-Car-Al®** can help you stay fresh, gain and keep poise and self-confidence. This well known, widely used Sharp & Dohme product for feminine hygiene exhibits mild antiseptic properties in solution and a pH of 3.5 to 4.0, which helps preserve normal acidity and freedom from infection. Write today for a free sample of **Bo-Car-Al** powder.

SHARP & DOHME, Box 7259, Philadelphia 1, Pa.

Without charge, please send me a trial packet of *Bo-Car-Al* Hygienic Powder.

*Name*_____

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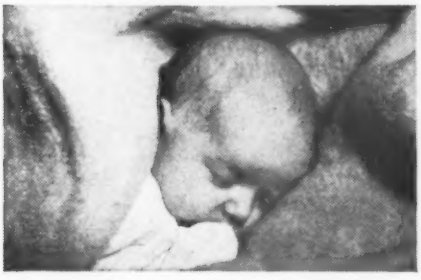
WHERE TO FIND OUR ADVERTISERS

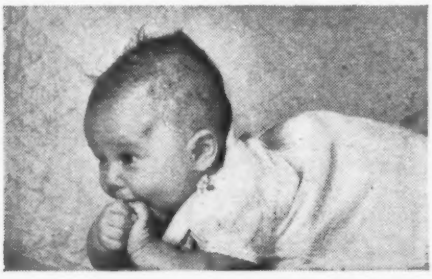
4 to start on...

Gerber's Cereals are enriched with iron to supplement prenatally-stored iron a few weeks after birth. All four cereals supply from 15 to 20 mg. of iron per ounce. They are also enriched with calcium, phosphorus, niacin, thiamin and riboflavin.

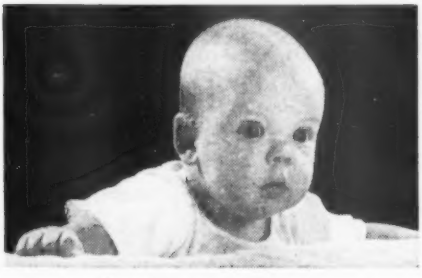
Low crude fiber and thorough cooking assure high digestibility. All Gerber's Cereals are pre-cooked, ready-to-serve. Mothers simply add milk, formula or other liquid, and stir. The four may be rotated for appetite-building variety.



1. Gerber's new Rice Cereal. Preferred where there is a family history of allergy. Gerber's Rice Cereal is hypo-allergenic. Contains no other allergen than rice.



2. Gerber's Barley Cereal. Also a one-grain, hypo-allergenic cereal. Gerber's Barley Cereal is a good alternate to Gerber's Rice Cereal for taste preference or variety.



3. Gerber's Oatmeal Cereal. Another excellent starting cereal to please young tastes. Like all Gerber's Cereals, Gerber's Oatmeal is finely milled to make a creamy-smooth, pleasing texture.

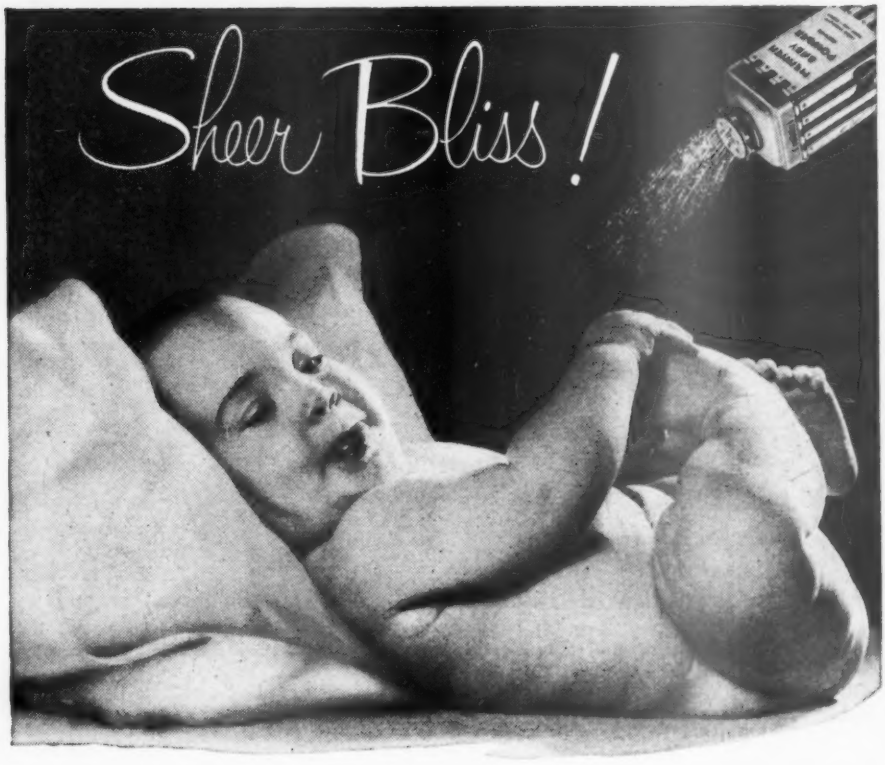
4. Gerber's Cereal Food. First infant cereal ever sold at a popular price. Still widely preferred as baby's first cereal. Made of semolina, whole wheat flour, wheat germ, dried yeast.

Babies are our business...
... our only business!

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

Gerber's
BABY FOODS

Samples! Gerber's Cereal "Quads" in miniature sample boxes for your young-mother patients, plus Baby Foods Analysis Folder. Write on your letterhead to Gerber's Baby Foods, Dept. 358-1, Fremont, Michigan.



So many discomforts could be avoided if more mothers knew what nurses know about sensitive baby skin. Tell the mothers under your care why Mennen Baby Powder does so much for their babies. It's sifted to super-fineness. Borated, also . . . to afford extra protection against rashes, chafing, annoying prickly heat. Nothing feels quite so blissful to a baby—especially on humid days—as cooling, cloud-white, refreshingly scented Mennen Baby Powder!

P.S.—Tell mothers Mennen Baby Powder has these extra features too: a Built-in Rattle, amusing Mother Goose pictures on container.

MENNEN

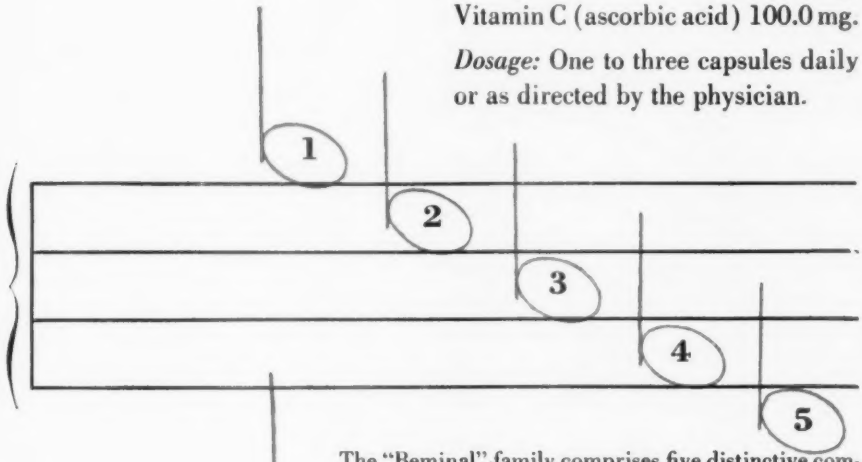
BABY POWDER

"Beminal" Forte with Vitamin C is recommended whenever oral administration of massive doses of B factors and vitamin C is desirable. Each capsule contains:

Thiamine HCl (B_1) . . .	25.0 mg.
Riboflavin (B_2)	12.5 mg.
Nicotinamide	100.0 mg.
Pyridoxine HCl (B_6) . .	1.0 mg.
Calc. pantothenate . . .	10.0 mg.
Vitamin C (ascorbic acid)	100.0 mg.

Dosage: One to three capsules daily or as directed by the physician.

forte!



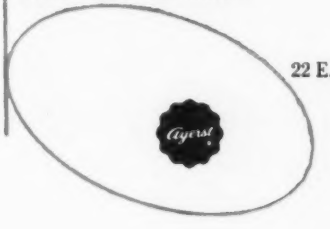
The "Beminal" family comprises five distinctive combinations for the selective treatment of B deficiencies.

1. "***Beminal***" Forte with Vitamin C. Capsules No. 817
2. "***Beminal***" fortified with Iron and Liver, Capsules No. 816
3. "***Beminal***" fortified with Iron, Liver, and Folic Acid, Capsules No. 821
4. "***Beminal***" Forte Injectable (Dried) No. 495
5. "***Beminal***" Tablets No. 815

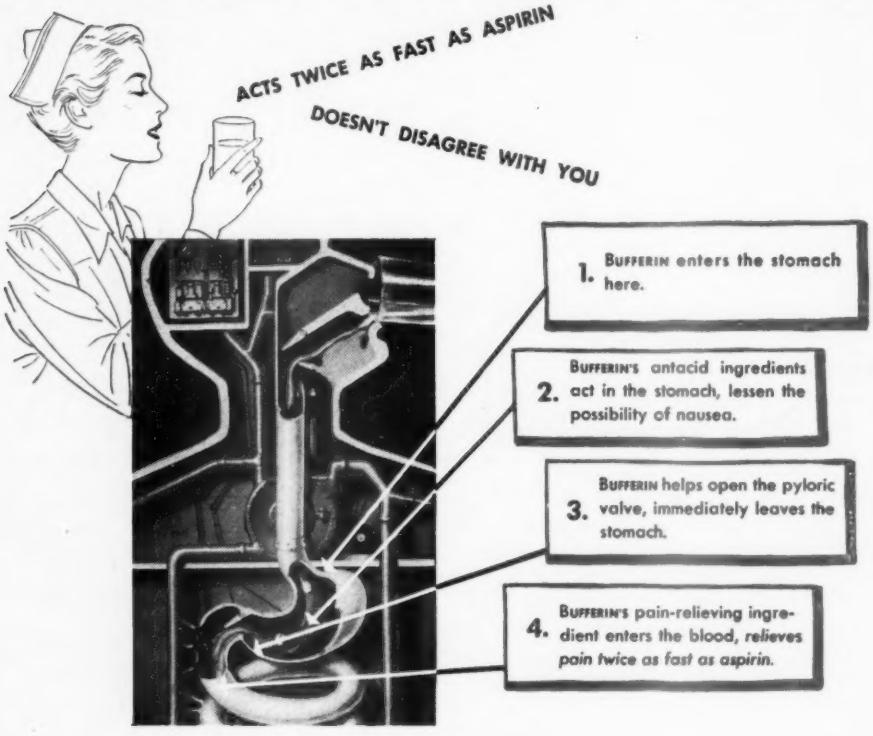
"Beminal" ® ***'B' for therapy***

Ayerst, McKenna & Harrison Limited

22 E. 40th St., New York 16, N. Y.



Get faster pain relief with BUFFERIN



It is the rapidity with which a drug enters the blood that determines the speed of its pain-relieving action. BUFFERIN has a unique advantage as an analgesic because its pain-relieving ingredient enters the blood promptly. Almost immediately after BUFFERIN reaches the stomach it stimulates the opening of the pyloric valve, and passes from the stomach into the intestines. There it is absorbed into the blood, ready to exert its alleviating effect on pain.

Clinical studies[1] have shown that ten minutes after BUFFERIN was taken the salicylate levels of the blood were as great as those attained by aspirin in twice this time. That is why BUFFERIN *acts twice as fast* as aspirin.

And BUFFERIN won't disagree with you. It is antacid, *protects* your stomach from the irritation which aspirin produces in so many people.[1] Even large doses of BUFFERIN, over a long period of time, are well tolerated.

1. Effect of Buffering Agents on Absorption of Acetylsalicylic Acid. J. Am. Pharm. Assoc., Scientific Ed. 39:21, Jan. 1950.

Indications: Simple headaches, neuralgias, dysmenorrhea, muscular aches and pains, discomfort of colds and minor injuries. Particularly useful when gastric hyperacidity is a complication. Helpful for arthritic pains, and for toothaches and pain following tooth extraction.

Each BUFFERIN tablet contains 5 grains of acetylsalicylic acid, together with optimum amounts of the antacids aluminum glycinate and magnesium carbonate.

Available in vials of 12 and 36 tablets and in bottles of 100. Tablets scored for divided dosage.

Accepted COUNCIL on DENTAL THERAPEUTICS AMERICAN DENTAL ASSOCIATION

BUFFERIN *is a trade-mark of the Bristol-Myers Company*

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